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ABNORMAL SECRETION OF MILK FROM THE SCROTUM.

THE following very extraordinary case is contained in the inaugural thesis of M. F. KOLLER, the first thesis presented to the University of Zurich. There is perhaps nothing similar to it to be found in the annals of the science, if we except a case somewhat analogous, cited in *Hufeland's Journal*, Vol. 54, No. 2. The milky nature of the fluid secreted, was put out of all doubt by microscopic observation and chemical analysis. It was found to contain all the characters of milk, and its production was evidently connected in some way or another with the exanthema and ulcer of the right lower extremity. The nature of the stools and urine was natural throughout the whole period during which the patient was under observation. The case is taken from the *Gazette Medical de Paris* of Saturday last, July 4:—

H. V., 21 years of age, had enjoyed good health up to the age of 15, when he began to complain of some feverish symptoms. A few days afterwards the left lower extremity presented an eruption of small, slightly-elevated red spots, occasioning burning heat and pain in the skin: these symptoms soon disappeared, but the foot began to swell, and the lower extremity became tumefied and soon acquired double its natural volume. The general health of the patient was now in no way influenced by the disease. The tumefaction emptied itself from time to time by two small orifices below POUPART's ligament, giving exit to a white transparent viscid fluid, in greater or less quantity. As the tumour diminished the exanthema reappeared. The patient passed three years in this state, which was not altered by the various remedies employed. At this period the genital organs, always little developed and extremely small, began to develop themselves in a sudden and extraordinary manner: the scrotum especially became very large: the external surface of this part was soon covered with a number of small vesicles, which opened, and discharged a great quantity of a milky fluid: when the scrotum was compressed, a quantity of the same fluid issued through the two small pores we have noticed, below POUPART's ligament, on the inner side of the thigh. This secretion, though generally of a nature completely milky, sometimes presented an aspect slightly serous. The tumour continued to enlarge, although the secretion was not constant, periodically, every three or four weeks. There were now pains in the groin and loins, darting to the scrotum, and when the patient assumed the upright posture, about two or three pounds of the milky fluid came away. Since the commencement of the disease in the scrotum, the ulcer of the leg had closed, and the tumefaction of the extremity much diminished. On the 23rd of August 1833, the patient was admitted into the hospital at Zurich. The scrotum was now tumefied, and to the touch gave the sensation of a female breast; the skin of the penis was tumefied; the colour of the parts was more deep than natural; the corpora cavernosa were small, and retracted towards the pubis; the testicles also were very small, and drawn up to the rings; the larynx was little prominent, but the voice was not feminine; the beard and the hairs on the pubes were delicate and few; the right extremity was a little larger than the left.

During the patient's stay at the hospital, the secretion of milk took place several times. Thus, about the 26th of August, the usual precursory symptoms appeared, and more than three pounds of milk were discharged. On the 30th there was a new access of fever, and an appearance of the exanthema on the right thigh. On the 11th of September a fresh discharge of about half a pint of fluid took place, not presenting the same white colour or consistence as the former, and giving out a little the odour of semen. During the

months of September and October, the tumour of the scrotum and the secretion of a milky fluid alternated frequently with the exanthema on the thigh; however, the tumefaction of the skin covering the genital organs, diminished remarkably, as well as the quantity of fluid discharged, which became more serous and troubled in its appearance, and finally disappeared.

LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

A. T. THOMSON, M.D.,

Physician to the Hospital, and Professor of Materia Medica in the University of London.

AUTOPSY IN A CASE OF PNEUMO-THORAX.

Gentlemen,—Two cases of aeriform fluid in cavities of the body have recently been brought into the hospital; one a case of *pneumo-thorax*, which I did not see, as it terminated fatally very soon after the patient was brought in; the other a case of *ascites*, complicated with tympanitis.

The subject of the first case was a lad of the name of Owen Woods, 19 years of age, who was admitted on the 13th inst. Little information could be obtained respecting the history of the case, except that he had been long labouring under cough and other symptoms of phthisis. He died on the 14th in less than fifteen hours after he came into the hospital. The body was opened on the following day; it was not much emaciated.

On opening the thorax, a quantity of air escaped from the left cavity of the chest; it had no odour; and, as far as its physical characters could enable us to judge, it appeared to be atmospherical air. The left lung was completely collapsed; and the serous sac contained a small quantity of a grayish turbid serous fluid, in which flakes of pus and coagulated lymph were floating. The right lung filled as usual its natural cavity. There was little appearance of acute inflammatory action having existed in the pleura of the affected side; nor was there any evidence of the formation of false membranes on it, either generally or partially. Deep in the fissure separating the superior and inferior lobes of the left lung, an aperture or perforation was discovered, which could be traced into one of the bronchial tubes; and which formed the communication between the interior of the lungs and the sac of the pleura. This aperture was of a fistulous character; and on examining the bronchial tubes, they were found to be clogged up with frothy mucus; and their lining membrane was injected, more especially the larger tubes. The lung itself was filled with tubercles, in every stage of their progress towards suppuration; in several places, vomicæ about the size of a small walnut were displayed on cutting into the organ; and on its surface were numerous elevated tubercles and areolæ of spurious melanosis. The right lung was attached in several places by adhesions between the pleuræ costalis and pulmonalis: the surface was of a bright-red colour in many parts, and its substance indurated. Like the left lung, it contained numerous tubercles and vomicæ; the inferior lobe was in a state of hepatization. The mucous surface of the epiglottis displayed evidence of having been highly inflamed; and the larynx was filled with a thick semi-purulent mucus; but was otherwise healthy. The heart was natural.

I regret, gentlemen, that we know so little of the history of this case; which, from the appearances displayed by the dissection, must have been not only highly interesting but instructive. It is remarkable that in the variety of morbid changes which the pleura sustains in tubercular phthisis, this condition of the thorax so seldom occurs; when it does happen, it is not only one of the most distressing but undoubtedly is the most unmanageable symptom of the disease. It usually takes place in the advanced stage of phthisis, when the patient's strength is greatly reduced; and it often proves suddenly fatal; but although we have no satisfactory data for forming an opinion of the time when the air escaped in the case before us, yet there is sufficient reason for believing that it was not the immediate cause of death; and, consequently, that it may have existed for some time previous to that event. It is a curious fact that the greater number of these perforations occur in the left lung: in eight cases detailed by M. Louis of Paris, seven were into the left cavity of the thorax. In general the perforation takes place over an ulcerated cavity of considerable extent, where the excavation has extended to such a degree that the cavity is bounded only by the thinnest portion of lung, or the pleura itself. In our case, however, the cavity with which the fistulous opening communicated, was not larger than a small nut; and, probably, it is on this account that so little appearance of pleuritis displayed itself as we usually find that the degree of in-

flammation in the pleura is in the direct ratio of the extent of the cavity and the discharge of pus into the serous sac. It is worthy of remark, that although the greater number of the vomicæ found in phthisis are seated in the upper portions of the lungs, yet perforations rarely or never take place in that part of the organ. It has been supposed that this security of the upper portion of the superior lobes is owing to the formation of adhesions in that part of the chest, when a cavity formed there extends by ulceration to the surface. This is a very probable opinion. There can be no doubt that the same cause which favours the formation of tubercles and cavities in the superior portion of the lungs—namely, the fixed nature of the organ in that part of the chest,—favours also these adhesions; thence we find, that they are more generally present in these quiescent parts. A perforation may occur in any part of the more mobile portions of the lungs, but they most frequently are found posteriorly nearly in a line with the fourth or fifth rib. The place in which they are seldom detected is the base of the inferior lobe, a fact which can easily be accounted for by the freedom of that part of the lungs from tuberculous deposits.

The formation of pleuritis as a necessary consequence when air escapes into the serous cavity of the thorax, is stated by almost all writers on the subject; and were the escape sudden, there can be no doubt that the air is sufficiently irritant to set up inflammatory action in the pleura; but I am, nevertheless, of opinion that, when the gaseous fluid escapes gradually, as was likely to have been the case in the instance before us, from the situation of the aperture, the membrane becomes accustomed to the irritation, and little or no pleuritis results. If any inflammation be set up, it is of a subacute kind, and the membrane suffers only from chronic irritation.

A curious circumstance connected with the serous fluid found in the sac is its freedom from putrefaction, a process which, it might be presumed, the presence of the air would accelerate. It may be asked, what share has the carbonic acid, necessarily present in the air of the lungs, in preventing this process from taking place? Or, are we to suppose the vital influence in resisting chemical decomposition is extended to fluids effused in serous cavities, even when air is present? The air found in pneumo-thorax has been examined by Dr. John Davy and Dr. Apjohn of Dublin, and found to be nearly the same as that expired from the lungs in ordinary respiration.

With regard to the means of forming our diagnosis in pneumo-thorax, the following circumstances are important. 1. As the effused air is seldom again admitted into the lung, so it cannot be expelled by expiration; it therefore accumulates, and presses on the collapsed lung, and ultimately dilates the intercostal spaces every time that the diaphragm rises into the chest during expiration. This pressure of the gaseous matter was strikingly illustrated by the force with which it escaped, as soon as the costal pleura was punctured, in the dissection now under consideration. This circumstance affords obvious means for determining the diagnosis. 2. When the effusion of air is sudden,—the immediate overwhelming dyspnœa, with or without pain in the advanced stages of phthisis, which cannot be relieved by any deep respiratory effort, and the recurrence of this every time the patient moves, lead to a strong suspicion of pneumo-thorax. This opinion can most readily be confirmed or refuted by a careful exploration of the chest. If the trunk of the body be shaken, the impulse or splash of the fluid against the parietes of the thorax is rendered obvious, both to the practitioner and to the patient himself, a circumstance which at once points out the presence of both air and fluid in the chest, as the sound of the latter can only be heard when the former is present, no sound being perceptible in vacuo. In performing this operation, the practitioner cannot listen and shake the trunk at the same time; he must, therefore, place his ear on the side of the thorax, whilst an assistant shakes the patient smartly by the shoulders. This mode of explanation was pointed out by Hippocrates, who termed it *succussion*, and is still the best adapted for the purpose, but it requires some address in the agitator. It must be admitted that the same splashing sound may be caused by a large cavity in the substance of the lungs, partially filled with pus, but the cavity must be large, much larger than any that I have ever seen, to produce the sound caused by the admixture of air and serous fluid in the pleural sac. 3. If we employ percussion in confirmation of succussion, we shall find that the resonance is preternaturally clear and drum-like, or tympanitic; and if this be the case on the side in which the intercostal dilatation is observed, the diagnosis of pneumo-thorax may be regarded as decisive. A fallacy it is said may arise, if the opposite side be affected with engorgement; for then by affording a dull sound, we may be led to suppose that the clear resonance indicates a healthy condition of the affected side of the chest;

but if the intercostal dilatation be also present, no mistake of this kind can be fallen into, especially if the respiratory sound be either completely absent, or very obscure on auscultation, and if the dyspnœa be sudden, and overwheming on motion. It is true that on the application of the stethoscope to the side of the spinal column, near the root of the lungs on the affected side, a slight murmur is heard, but it is often scarcely obvious to the most experienced ear. This almost total absence of the respiratory murmur, distinguishes pneumo-thorax from emphysema, in which it is never altogether absent. In performing percussion, it should be begun at the clavicles, and proceeded with downwards; at a certain point the resonance gives place to a dull sound, and by this means we can ascertain the proportion of the aqueous fluid to the air, but this evidence is greatly modified by the position of the patient. Besides these physical signs, there is one which is regarded as decisive, namely, the *tintement metallique*, or *metallic* tinkling of LAENNEC. It is accurately described as closely resembling the sound caused by dropping a pin into a large wineglass, and is thus easily recognised. It is heard at intervals, and immediately after coughing or speaking, owing, according to LAENNEC, to the air passing through the fistulous aperture into the pleural cavity; and to others, owing to a drop of fluid falling from the top or upper part of the cavity into the fluid in its lower part, a much less probable opinion. This tinkling is also heard independently of pneumo-thorax, when a large pulmonary or tuberculous abscess exists; but, as I have already remarked, abscesses sufficiently large to cause the clear tympanitic resonance are rare; and the same may be said in reference to the metallic tinkling.

With regard to the dilatation of the side, which is so important a feature in establishing the diagnosis in pneumo-thorax, it is readily perceived by a comparison of the two sides, and the projection of the intercostal spaces beyond the level of the ribs. It rarely happens that both sides of the thorax are involved in pneumo-thorax; but, when this is the case, the chest presents a rounded shape, a fact the recollection of which is of much practical importance.

Such are the physical signs which, in conjunction with the cough, fever, and other symptoms of phthisis, enable us to form an opinion of the existence of pneumo-thorax. I have entered upon the consideration of them, because they correspond with the appearances presented in dissection; and point out the importance of retaining these appearances in memory. As you had no opportunity of observing the symptoms of the disease or of marking their progress, I shall neither make any comment upon these nor their treatment, trusting that an opportunity may be afforded to me of pointing them out to you at the bed-side of the patient. I may, however, take the present opportunity of remarking that, under every circumstance, pneumo-thorax is to be regarded as a fatal disease, and in general it is one of the modes in which the usual fatal termination of phthisis is accelerated. The period between the occurrence of the perforation and the death of the patient varies from sixteen hours to thirty-six or forty days; but in one case, recorded by Dr. STOKES in the Transactions of the Dublin College of Physicians, the patient lived five months.

ASCITES COMPLICATED WITH TYMPANITIS.

The second case, gentlemen, which I have to direct your attention to, is one of ascites. The disease, in this instance, has taken on a form which rarely occurs, namely, that of tympanitis; but there are other complications which are more obscure, and which can be cleared up only by that termination of the sufferings of the poor patient which appears to me to be inevitable.

The following is the history of the case. Elizabeth Turnbull, a married woman, aged twenty-eight years, was admitted into the hospital on the 7th of April. She is of a phlegmatic temperament, and says that she enjoyed good health until after her marriage about two years ago, when it began to decline, and three months afterwards she was attacked with inflammation of the liver, for the cure of which she went into the Middlesex Hospital, and remained there eight weeks under the care of Dr. WILSON. She was salivated, and got apparently well. About three months ago she first noticed swelling of the ankles and feet taking place after walking, and towards night, which, however, disappeared by a night's rest. At this time the urine greatly diminished in quantity, and she became thirsty and feverish; the swelling of the lower extremities increased and ascended to the thighs, then to the abdomen, and in a short time became general. She says that her grandfather on the mother's side died of dropsy, and her mother had several attacks of it, although it was not the cause of her death. About three weeks before her admission into the hospital, she was attacked with cough and a slight pituitous expectoration; previous to this time her

navel started, and almost immediately acquired the size of a hen's egg.

I saw her on the following day, the 18th. On examining the patient, I found the abdomen large and tense, and indicating by decided fluctuation the presence of fluid in the serous cavity. The umbilicus was protruded more than an inch and a half, and was nearly two inches in diameter and apparently containing air, but not intestine. It was powerfully propelled against the hand on coughing. The face, and both the upper and lower extremities, were œdematous. The cough still continued, but the respiration, indicated by the stethoscope, was natural on both sides of the chest, with the exception of a slight sibilous rhonchus. She complained of great thirst; was feverish at night; the pulse was sharp and small, and 112. The tongue was moist and clean; the bowels were open, and the urine was scanty and high-coloured. The catamenia had not appeared for the last five months; but she mentioned nothing of any diseased condition of the uterine organs having at any time occurred, a circumstance which I wish you, gentlemen, to bear in mind, on account of the appearance presented at the post-mortem examination of the body. She was ordered to be bled to twelve ounces, and to take the following pill and draught.

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April 9. The blood was slightly buffed but not cupped; the medicine had operated twice briskly, and had reduced the œdema of the face. The pulse was still sharp, small, and 112. On examination the action of the heart was found to be perfectly natural. On testing the urine, it was found to be acid and albuminous. Pergat. in usu purgantis 8va. q.q. hora.

10th. The bowels have been freely moved; in other respects she remains the same. The abdomen, at the umbilical region, measures thirty-four and a half inches in circumference. Let her be tapped, and continue the use of the purgatives.

11. Mr. Liston, on examining the patient, thought that it would be advisable to delay the operation of tapping on account of the abdomen sounding tympanitic on percussion; a circumstance which had escaped my observation.

No change in the plan of treatment was thought to be necessary for the next four days; and, with the exception of much flatus being passed with the stools, the symptoms were nearly the same. On the 16th, as paracentesis could not be performed, I was anxious to try the effect of the ioduret of lead, as an external application, and therefore ordered eight grains of it in combination with a drachm of lard, to be well rubbed into the abdomen twice a day. Until the 20th the symptoms seemed to improve, but after that she again fell back. She had been sitting up, and suspected that she had caught cold, as she felt a sore throat, but, on examining the fauces, I perceived that it arose from that aphthous state which often accompanies the close of long-protracted disease: the bowels were much relaxed, the pulse 128, small and weak, and she could not speak without an effort. She was ordered to take five grains of Carbonate of Ammonia in f. ʒjss of Decoction of Senega, every six hours, and to have a generous diet. On the 29th the dose of the carbonate of ammonia was increased to eight grains, and the mistura cretæ, with kino in the intervals, was ordered, to moderate the diarrhœa. The untoward symptoms, however, and the tympanitic state of the abdomen continued, and terminated fatally, late on the evening of the sixth of this month. The body was opened on the eighth.

On opening the abdomen, a small quantity of air escaped on making the first incision, and this was followed by a large quantity of pale, straw-coloured fluid. The umbilical tumour was found to be constituted of the integuments, fascia, condensed, cellular membrane, and peritoneum, bearing evidence of inflammatory action, but there was no reason for supposing that it had ever contained any portion of intestine. The omentum was adhering to the peritoneum in many parts, whilst the sigmoid flexure, the left ovarium, and the pelvic fascia, formed one mass of adhesion, in the centre of which were two abscesses which communicated together, and were lined by a cartilaginous-looking membrane, dark-coloured, and about the eighth of an inch in thickness; both contained fetid pus. Both *ovaria*, when cut into, were found to contain a yellowish curdy substance. Both kidneys were somewhat enlarged, very vascular, and the substance pale, gray, and granular: the left one adhered to the margin of the liver, which was greatly enlarged, and adhered on the left side to the spleen. The gall-bladder was distended with thick viscid black bile. The pancreas was firmer than usual. The thoracic viscera were healthy, but on the surface of the superior lobe there was the appearance of a cicatrix over a small hard knob in the substance of the lung. The brain was not

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No change in the plan of treatment was thought to be necessary for the next four days; and, with the exception of much flatus being passed with the stools, the symptoms were nearly the same. On the 16th, as paracentesis could not be performed, I was anxious to try the effect of the ioduret of lead, as an external application, and therefore ordered eight grains of it in combination with a drachm of lard, to be well rubbed into the abdomen twice a day. Until the 20th the symptoms seemed to improve, but after that she again fell back. She had been sitting up, and suspected that she had caught cold, as she felt a sore throat, but, on examining the fauces, I perceived that it arose from that aphthous state which often accompanies the close of long-protracted disease: the bowels were much relaxed, the pulse 128, small and weak, and she could not speak without an effort. She was ordered to take five grains of Carbonate of Ammonia in f. ʒjss of Decoction of Senega, every six hours, and to have a generous diet. On the 29th the dose of the carbonate of ammonia was increased to eight grains, and the mistura cretæ, with kino in the intervals, was ordered, to moderate the diarrhœa. The untoward symptoms, however, and the tympanitic state of the abdomen continued, and terminated fatally, late on the evening of the sixth of this month. The body was opened on the eighth.

On opening the abdomen, a small quantity of air escaped on making the first incision, and this was followed by a large quantity of pale, straw-coloured fluid. The umbilical tumour was found to be constituted of the integuments, fascia, condensed, cellular membrane, and peritoneum, bearing evidence of inflammatory action, but there was no reason for supposing that it had ever contained any portion of intestine. The omentum was adhering to the peritoneum in many parts, whilst the sigmoid flexure, the left ovarium, and the pelvic fascia, formed one mass of adhesion, in the centre of which were two abscesses which communicated together, and were lined by a cartilaginous-looking membrane, dark-coloured, and about the eighth of an inch in thickness; both contained fetid pus. Both *ovaria*, when cut into, were found to contain a yellowish curdy substance. Both kidneys were somewhat enlarged, very vascular, and the substance pale, gray, and granular: the left one adhered to the margin of the liver, which was greatly enlarged, and adhered on the left side to the spleen. The gall-bladder was distended with thick viscid black bile. The pancreas was firmer than usual. The thoracic viscera were healthy, but on the surface of the superior lobe there was the appearance of a cicatrix over a small hard knob in the substance of the lung. The brain was not

examined. In this case the variety of organs diseased renders the origin of the ascites extremely obscure, any one of them being sufficient to have caused dropsy at its termination. If we look at the condition of the *liver*, for inflammation of which she was under medical treatment prior to the dropsical effusion, we can trace sufficient changes to regard the ascites as connected with the disease of that organ. The progress of the symptoms,—namely, the commencement of the œdema of the ancles, after the symptoms of inflammatory action in the organ, were apparently subdued; the contemporary diminished secretion of the urine; and the gradual effusion of the fluid in the abdominal cavity,—is such as usually occurs in dropsy from hepatic disease. The *spleen* is frequently found diseased in dropsy; and in some instances also, the induration of the *pancreas* occurs; but the effusion can scarcely be traced to the morbid condition of either of those organs. The aspect of the *kidneys*, had no other organ been seriously diseased, would have satisfactorily accounted for the dropsical effusion. The symptoms were those that Dr. Bright has ascertained to accompany the granulated state of the kidney; the only exception was the slight affection of the lungs, which commonly supervenes, and in some instances is the earliest symptom of the disease. With regard to the state of the *uterus* and *ovaries*, although diseases of those organs frequently are accompanied in their close with œdema of the lower extremities, yet that is the case at the termination of many other chronic affections. It must, however, be admitted that ovarian diseases, long before they assume the character of encysted dropsy, have been the cause of ascites; but the instances of this kind are comparatively rare. Under such a complication of organic disease therefore, it is impossible to determine to which the effusion into the abdominal cavity is to be attributed; or whether the general morbid condition of the viscera is to be regarded as the cause. In one respect it is of little consequence, for had any one of the organic diseases only existed to the extent which the post-mortem examination displayed in this case, and had we been fully aware of it, no other termination than that which has taken place could have happened, — the fatal issue would have been inevitable.

The circumstance that chiefly renders the case interesting, is the tympanitic state of the abdomen; and which prevented the operation of paracentesis. The condition of the abdominal viscera, however, leaves nothing to be regretted on this head; for if the fluid had been drawn off, and no untoward consequences had resulted from the operation, yet it is as obvious that no benefit could have been obtained; and, therefore, it was as well let alone. I thought, at one time, of puncturing the umbilical tumour, as MORGAGNI, STOERCK, and others, have recorded some instances of this having been successful: and when we are certain that the tumour contains air only, no risk can attend the operation. The puncture should be made with a lancet, and pressure applied by means of a bandage, tightened to a degree sufficient to expel all the gas, and to prevent any air entering from without. Much circumspection, however, is requisite before attempting this operation, to determine that the gas is extraneous to the intestinal canal. In ordinary cases of tympanitis there is every reason to suppose that the gas or air is contained within the intestinal canal, or that the disease is tympanitis *intestinalis*; but in the present instance we had the means of convincing ourselves that it was external to the intestines, or in the peritoneal sac, constituting that variety of the disease which SAUVAGES has named tympanitis *asciticus*, from its being usually complicated with ascites. Indeed in every instance of *abdominal* tympanitis that has proved fatal, and in which the body has been examined after death, much fluid has been found in the sac of the peritoneum. One of the most striking symptoms, the protrusion of the umbilicus, which was so considerable in the case before us, is characteristic of this variety. Another distinction also between it and tympanitis *intestinalis*, is that the resonance is most obvious, and sometimes only obvious, in the superior part of the abdomen, in whichever position the patient lies; a fact that was clearly demonstrated in the case under consideration.

CONCENTRATED INFUSIONS.—We have received letters from Mr. Bass, Mr. Orridge, Mr. H. Gardener, and some other correspondents on this subject, but they contain such a diversity of sentiments, and so much recrimination, that we shall only publish a few remarks from the notes of Mr. Bass and Mr. Orridge. Mr. Bass says that the general charge of Mr. Orridge against the mal-preparation of concentrated infusions "does not contain a particle of truth," as regards its application to Mr. B.'s preparations. Mr. Orridge says that his remarks "were not limited to the articles of a particular person," that Mr. Davies has no right to demand "the sources of private information" which Mr. O. happens to possess, and defends his use of the word "decoction," as justified "by the mode of preparing concentrated infusions." Mr. Orridge properly requires that publicity should be given to the details for making secret preparations, before anything more is said on the subject. In the absence of these, all further correspondence must appear as advertisements on the cover.

ABSTRACT OF THE EVIDENCE OF

MEMBERS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON,

TAKEN BEFORE THE

PARLIAMENTARY MEDICAL COMMITTEE IN 1834.

EVIDENCE OF MR. W. CLIFT.

211. "What situation do you hold at the College of Surgeons?"—"I have been Conservator of the Museum since the year 1800, and was appointed by the College, the Hunterian collection being placed at that time at No. 13, Castle-street, Leicester-square, which communicated with the house that Mr. Hunter lived in, and which was the house in which his collection was originally deposited. The collection was removed thence to Lincoln's-inn-fields, where at first it was deposited in the dwelling house. When half the museum room was built, the collection was conveyed into that half, and there deposited until the remainder should be completed, which was done so far as to be open to visitors in 1813. The trustees of the museum recommended to Parliament in 1806, that 15,000*l.* should be granted towards building the College, on the Council binding themselves to complete the buildings *within three years*, without any ulterior expense to Parliament, but when those three years had expired, the building yet *remaining incomplete*, Parliament in 1810 voted 12,500*l.* more, when the Council again undertook to make good any further deficiency out of the funds of the College. Thus from the removal of the collection in 1806 until the completion of the building in 1813, the collection remained quite inaccessible. It was in store-rooms in fact,—in the dwelling-house, from the top to the bottom. While the collection remained in Castle-street, it was accessible to visitors, though but very few came. When I was first appointed conservator in 1800, the manuscripts of Mr. Hunter which were descriptive of the collection in Castle-street, consisted of twenty-four fasciculi, relating to the physiological part of the collection; two volumes relating to the pathological series; and one volume relating to the fossils. The manuscripts descriptive of the pathological preparations, contained the history of very numerous cases relating to particular specimens, with such references that a good anatomist and physiologist would have been enabled to connect both preparation and manuscript; but the loss of these descriptions has greatly reduced the interest and value of the corresponding preparations; although when the Government purchased the collection for the public, all the papers and manuscripts bearing any reference to that collection ought to have been given up with it, as public property; for Mr. Hunter, in his will, said 'I also give to the said Matthew Baillie and Everard Home all my collection of natural history, and the cases, and other things belonging thereto, or used therewith, upon trust that they offer the same for sale in one entire lot to the Government of Great Britain.' From the time of Mr. Hunter's death on the 16th of October 1793, and during nearly two years before that (while I was Mr. Hunter's apprentice), although not regularly appointed conservator, I had the entire charge of the collection. At the period of Mr. Hunter's death, and for some time afterwards, those manuscripts were deposited with the collection in an ante-room, and I clearly understood that they were to go along with the collection; but shortly before the collection was transferred to the College of Surgeons, those manuscripts were removed away from the collection, and I was first made aware that those manuscripts had been separated from the collection only when the collection was about to be delivered into the possession of the College by the executors of Mr. Hunter. Those manuscripts were then *taken by me in a cart to Sir Everard Home's house, by his order*, under the impression entertained by the trustees, that Sir Everard was the only person who could make a catalogue of the collection, but I had no conversation with Sir Everard at the time as to his removing them. He merely said that those papers, being a very large proportion of them loose fasciculi, were not fit for the public eye; and therefore he should take them into his keeping, for the purpose of using them in describing the collection. I did not make any remark upon that, and the trustees of the collection were not made acquainted with the removal of the papers; nor was any inquiry made of me upon the subject."

212. "Would it have been possible for you, between the years 1806 and 1813, to have availed yourself of the manuscripts to compare them with the preparations?"—"It was almost impossible. The collection was put in order entirely under Sir Everard Home's direction, by me, but I had no access to the manuscripts which he had removed. Indeed, they were not necessary at that time."

213. "Why not?"—"Because the preparations were numbered, and we had

merely to get them into their places according to the three folio catalogues which from 1794 down to 1866 had been prepared, two by myself, and a third by Dr. Shaw; but those three catalogues did not enter into the history of its preparations. A general arrangement of the collection on the shelves of the new museum was completed *in a manner* in 1813, and even if I could have had access to the manuscripts that had been removed, I was not in a condition to make use of them until 1817, and then it was expected that Sir Everard Home would prepare the descriptive part of them, I being engaged in it only under his direction, the catalogue being supposed to be the work of Sir Everard. He merely employed me to transcribe whatever he pleased to direct. In 1817 he began to re-arrange the collection on the shelves, but he did not supply the description of each particular preparation as he proceeded."

214. "Did it ever occur to you that in order to make a complete description, it would be necessary to have recourse to the original manuscripts?"—"Without doubt, it frequently did. In fact those reflections suggested themselves to my mind when the manuscripts were first removed, but I did not communicate with the Council, or any individual members of the Council, respecting them until 1823."

215. "Did Sir Everard Home repeatedly promise the board of curators to draw up a descriptive catalogue?"—"He was constantly urged, *quarterly*,* by the trustees to make progress in it."

216. "The Council have stated, that in 1816 it was proposed that all the curators should become joint labourers in drawing up a descriptive catalogue, when Sir Everard Home they say declared that it was his special duty, and that he would admit of no participation in its performance: do you know anything of that allegation?"—"Yes, every word of it is perfectly true; I heard him declare it. The trustees had been frequently urging the Board of Curators to make progress in the catalogue, and as they saw that no progress was making in it, they became anxious on the subject. This was in 1817, and was the cause of Sir Everard making the new arrangement of the preparations which I have mentioned, but he only produced a synopsis,—a very slight description of the general arrangement,—which was printed in 1818, but which did not at all enter into the particular history of each case; yet, as regarded the conservatorship of the museum and the Board of Curators, things remained on just the same footing as before, and I continued to receive my orders from Sir Everard Home alone. By-and-by, when I was appointed conservator, and began to prepare the catalogue, I expressed a wish to obtain some of Mr. Hunter's manuscripts; and then (in 1823) the Board of Curators learned for the first time the extent and nature of the manuscripts belonging to the collection left by Mr. Hunter. From 1817 to 1823 I had no access to any of the manuscripts which Sir Everard Home removed, except such as he brought with him to compare with specimens in the collection, for his own special purposes."

217. "What do you mean by *his own special purposes?*"—"When he was *preparing for his lectures*, or drawing up *papers for the Philosophical Transactions.*"

217*a*. "In giving him assistance in the arrangement, did you ever ask him to let you have access to the manuscripts?"—"No;* between 1800 and 1823 I never had any conversation with him on the subject of the manuscripts. During the whole of that period he was so intent on writing papers for the *Philosophical Transactions*, that *very little else, in the way of the collection, was thought of by him*;† he *always* made his engagements in this way an *excuse* to the trustees for not having proceeded with the catalogue, saying, that we were employed in making out the subjects which were but imperfectly understood.‡ Though I believe that all the curators had but a very imperfect knowledge of the nature of those papers, yet *they knew that Sir Everard had in his possession all Mr. Hunter's manuscripts.* Besides which, almost all of them had been acquainted with Mr. Hunter, and *must* have known of the existence of *a large mass of manuscripts.* After the destruction of the papers, Mr. Cline stated to me,

* Quarterly during nearly twenty years!

* Mr. Clift would seem deserving of blame for silence, or neglect, or torpidity, in this matter; yet who can doubt that had he been troublesome or *inconvenient* to the thief, he would have been removed from his office of assistant, and science would have been deprived of *his* services in rendering useful this invaluable collection? The instant that Mr. Clift became wholly independent of the thief, the Board of Curators, that *worse than incapable body*, were made acquainted with the want which led to the discovery of the robbery.

† Yet all this time the farce of urging the thief to "draw up a descriptive catalogue," underwent a *quarterly* performance by the trustees of the museum!

‡ LIAR as well as THIEF,—double, treble, quadruple liar,—as the farther evidence will too truly prove.

on Mr. Hunter's own authority, that Mr. Hunter had written a Treatise on the Diseases of the Bones, which he intended for publication. Drawings intended to illustrate this treatise, and made by an artist who lived in his house, Mr. W. Bell, are preserved in the museum."

218. "When was it that you first received any information as to the destruction of those manuscripts?"—"I think in July 1823. I first obtained a knowledge of the circumstance from Sir Everard himself. He began by telling me, that on that very week his house had nearly been on fire; that the engines came, and the firemen insisted upon entrance, as they saw the flames coming out of the chimney. He did not wish to admit them, but they insisted upon being admitted, and then he told me that it was in burning those manuscripts of Mr. Hunter that the fire occurred. This conversation passed in a chaise on our road to Kew, where there was a monthly meeting called the 'medico-botanical.' I can hardly describe my feelings on receiving this information. I said to him, 'I hope, Sir Everard, you have not destroyed those ten volumes relating to the gallery and Mr. Hunter's lectures?' he replied that he had; and then I mentioned to him perhaps twenty others, of which I had a very perfect recollection (and I felt that all the hopes which I had entertained were entirely frustrated and destroyed; my life had been spent in the service of that collection, and I hoped to have lived to see those papers beneficially employed); but he told me that they were *all gone*, and then I said to him, 'Well, Sir Everard, there is only one thing more to do, and that is, to burn the collection itself.' We had very little conversation after that for a very considerable time. I considered that an irreparable injury had been done to the collection. That week Sir Everard had received back from the printer the last proof of his second volume of Lectures on Comparative Anatomy; and I knew *that he had used those papers very largely in the composition of that work*. Four or five days afterwards I made a communication on the subject to the members of the Council, first communicating it to the chairman of the Board of Curators, Sir William Blizard, in private A board was summoned very quickly in consequence of that, and I was called before it, but Sir Everard was not. Having learned during my conversation with Sir Everard that he had not destroyed all the manuscripts relating to the pathological preparations, for (he had said, 'I have some of those') at this Board of Curators I mentioned that circumstance, telling them that some were according to his own confession still in existence, and they of course did not need my advice to apply to Sir Everard for them."

219. "Will you refer to any memoranda you have on the subject, and state, as nearly as you can, what the papers were that were destroyed?"—"Among them were nine folio volumes of dissections of animals, viz.—Vol. I. Ruminants. Vol. II. Animals *sine cæco*. Vol. III. Monkey and its Gradations. Vol. IV. Lion and its Gradations. Vol. V. Scalpris Dentata. Vol. VI. Anatomy of Birds. Vol. VII. The Tricoilia. Vol. VIII. Anatomy of Fishes. Vol. IX. Anatomy of Insects. There was one volume on the Natural History of Vegetables. There were also a great number of fasciculi, among which were the following:—Introduction to Natural History, numerous Physiological Observations; Comparative Physiology; Comparison between Man and the Monkey; On Muscular Motion, being subjects of Croonian Lectures; Effects of Extracting one Ovarium upon the number of Young produced; Experiments on Ewes, with a view to determine Impregnation and Uterine Gestation; On Monsters; On the Skeleton; Dissection of the Tapir, Dissection of the Armadillo with nine Bands; Animals from New Holland; Piked Whale, Bottle-nosed Whale, Fin-backed Whale, Porpoise; Worms in Animals of the Whale Tribe; Bell-Barnacle; On the Eel; Anatomy of the Holothuria; Anatomy of the Siren of North America; Account of a Unicorn Fish from Hispaniola; The Earth Worm; Progress and Peculiarities of the Chick; Description of Rymsdyk's Drawings of the Incubation of the Egg; General Observations on Insects, the Bee-tribe, Humble-bee, Wasp, Hornet, and Beetles; Anatomy of the Silk-worm; Anatomy of the Moth; Red-piped Coral. On Fossil Bones, two parts; Observations on Surgery; Observations on Scrofula and Cancer; Lectures on the Principles of Surgery; Cases with *post-mortem* examinations; Cases where no *post-mortem* examinations were obtained; Two Cylinders of Cases written out separately and fairly. Two volumes in folio were recovered by the curators on application to Sir Everard, perhaps a tenth part of the whole of the papers relating to the preparations in the collection."

220. "Do you find anything in reading Sir Everard Home's Lectures that in any way *supplies the loss* as regards the description of preparations in the museum?"—"Sir Everard's is a mere general description; it seldom refers to particular specimens."

221. "Were you old enough, at the

time of Mr. Hunter's death, to have any conversation with him on the subject of these papers, so as to know whether he attached any value to them?"—"I was Mr. Hunter's apprentice from February 1792 till his death, on the 16th of October 1793. During that period I was employed every evening in writing for him, and many of those manuscripts were in my own handwriting. I had no conversation with him on the subject; of course, because I was but a boy, and had merely to transcribe what he gave me to transcribe, in the same room with him. I was employed in taking care of the collection all day long, and frequently transcribed portions which were in loose notes, into volumes which he would take down for the purpose."

222. "Did you ever hear any hint from him of his wish that those papers should be destroyed?"—"Never; nor did I ever hear, either from Sir Everard Home or from Dr. Baillie, his co-executor, any hint whatever of any directions that Mr. Hunter had given for the destruction of the manuscripts."

223. "Will any industry that you or your fellow-labourers at the museum can bestow upon it, ever repair the loss which it has sustained by the burning of those manuscripts?"—"No, it is impossible. Some of the preparations have been rendered wholly useless by the loss of the accompanying description. It is very frequently necessary to re-examine the organs of animals that are daily presenting themselves to us, in order to throw light upon the specimens in the museum, and to prove what they really are; because many of them (the descriptions being absent) are utterly unknown. The nature of many of them has been rediscovered, as it were, by these means. We preserve the unknown preparations, and endeavour to discover by degrees what they are. There may be, of all kinds, *a thousand*, of wet and dry, yet remaining, that are unexplained. The loss is irreparable in the department of comparative anatomy."

224. "When the trustees wrote to Sir Everard Home, did they require an account from him of the papers he had destroyed?"—"No, not then, but they did so on receiving his answer, saying, *that he had destroyed them entirely*, that having used them for the purposes of the collection for so many years, and, AS A WINDING-UP OF HIS EXECUTORSHIP, he had, according to a promise he had made to Mr. Hunter, destroyed them. The letter was so worded that you would have taken it for granted that they were *all* destroyed. This letter was read to me by the trustees, and I said, 'Sir Everard told me that he had not destroyed them *all*;' and therefore that they ought to write to him to ask for those that had not been destroyed. They said, '*How can we do so?* because his letter expressly states that they are all destroyed.' To this I replied, 'Then Sir Everard must have told me an untruth,' and then I told them what parts he had assured me were *not* destroyed. They wrote to him, accordingly, for those papers, AND HE SENT THEM, *such as he pleased*. A very small parcel, in the first instance, was sent by Sir Everard to the trustees. Those papers were put into my hands, to see how far they were applicable to the purposes of describing the collection. Some of them referred to others that *I knew did exist*, but were only a very small proportion of those that I had a perfect recollection of. A second application was then made for more, and that extracted a much larger parcel. I am not sure whether there was any further application."

225. "Were any applications made to *his executors*, to inquire whether there were any remaining papers of Mr. Hunter in their possession?"—"Yes, with considerable success. The volume that was mentioned, respecting vegetables, referring to a part of the collection, from which I have been able to explain some of the vegetable preparations in a way that we could not have done without them, was recovered; and there were some that were possibly Sir Everard Home's, that also threw light upon many of the preparations. These were *duplicates of some of the papers of Mr. Hunter*, yet at the time of the last recovery of papers from Sir Everard Home himself, he stated *that those were all the papers he had remaining in his possession*."

226. "Do you conceive that if Mr. Hunter had given him directions to destroy his papers after they had been made available for the purposes of the collection, Sir Everard really had *complied* with those directions, and had extracted from them all the valuable information they contained relating to the collection, and applied it to illustrate the preparations in the museum?"—"Certainly not."

227. "Therefore according to his own statement he had destroyed them *before he had complied with the directions of the testator*; if, indeed, those directions were ever given?"—"*Certainly*."

228. "Did Sir Everard Home ever state where and when those directions were given by Mr. Hunter?"—"I had heard it stated, but I do not know by whom, that it was when Mr. Hunter was dying, *which I knew could not be true*, because I was the last person in his family who saw him alive, and I knew that Sir Everard *was not present at his death*. This I told Sir Eve-

rard at the College, five or six months after the conversation which took place on our way to Kew, and I told him so in consequence of what had passed between him and the trustees."

229. "Was it in the presence of others?" "No, it was alone, it was a very rambling conversation, an hour and a half long, I believe."

230. "Did Sir Everard begin the conversation with you, or did you begin with Sir Everard?"—"He came to the collection, and it was the only conversation I ever had with him after the first conversation on the destruction of the papers. It was entirely on the subject of those papers. He told me, that I must have known that the papers were not fit to be submitted to the public eye, because they were in such a state. He said the spelling was not very correct. I said, that he knew very well that if this catalogue ever was to be made, the *labour* of it must come to my share, and that I did not consider my eye to be the public eye; and I added, that he would have been very welcome to all the credit of the catalogue, so that the thing had been but done: but he said that directions were given to him by Mr. Hunter to destroy the manuscripts when he was dying; and I said, 'That is impossible.'"

231. "What was his remark upon that?"—"He made no answer."

232. "Did he leave the impression with you that such a direction had been, or that it had not been given?"—"*If he had sworn it, I would not have believed it.* The duration of Mr. Hunter's illness was not a minute. He died of a disease of the heart."

233. "Were you employed by Sir Everard in making drawings for his papers in the *Philosophical Transactions*, or in other publications?"—"All my life, from the time that I was first acquainted with him, till the time of this unfortunate occurrence,—that is, till the time of the conversation on the way to Kew."

234. "Did that conversation entirely interrupt the friendship that you before had with Sir Everard?"—"Entirely; I had no other cause for its interruption."

235. "Why do you suppose that the manuscripts of Mr. Hunter were used by Sir Everard in preparing papers (for the *Philosophical Transactions* or other publications) bearing his name?"—"*Because I frequently transcribed parts of Mr. Hunter's original papers and drawings into the papers which were to appear in Sir Everard's name.*"

236. "When he made his first avowal of the destruction of the manuscripts, did he appear to have made it involuntarily, or how did happen?"—"It was, I believe, to see how I should take it; but though there had been a regular application to him *every quarter* to complete the descriptive catalogue, yet, as I said before, the papers were not destroyed until immediately after his receiving the last proof sheet of his second volume."

237. "*Was any meeting held for censuring Sir Everard Home, or for excluding him from the Council?*"—"NOT TO THE BEST OF MY KNOWLEDGE."

238. "Did he continue to be a member of the Council until near the day of his death?"—"I am not sure. He died a trustee of the museum."

239. "Is there anything further relating to this deplorable transaction that you wish to state to the Committee?"—"I do not recollect anything further. I do not know that the Council of the College ever came to any resolution on the subject of Sir Everard's conduct, nor have I ever heard that the nature of the loss was communicated to the Government by the trustees. The destruction of the papers happened immediately previous to the death of Sir Everard Home's co-executor, Dr. Baillie, perhaps a month or two, but he was so ill that it was impossible that he could have interfered, even had he known of the circumstances. He might have been considered as not acting in the business; because Sir Everard very rarely communicated with him. Sir Everard was Mrs. Hunter's brother, and took all the active part. No communication was made to Dr. Baillie on the subject previous to his death."

240. "Has not the want of access to the manuscripts descriptive of the preparations, very greatly added to the time and labour required to describe the collection?"—"Most undoubtedly it has, in a very material degree. Moreover I felt that if I could describe the collection in Mr. Hunter's own words, the public would be better pleased with it, whether Mr. Hunter was right or wrong. It might have been altered or improved by any one who thought himself competent to do so; as it is, we were obliged to trust to our own resources and knowledge, instead of that of Mr. Hunter."

241. "How was it that you became so intimately acquainted with the nature of Mr. Hunter's manuscripts that were destroyed?"—"After Mr. Hunter's death till 1806, when the collection was transferred to the College of Surgeons, I had the key of the cases which contained them, and was anxious to make myself acquainted with the nature of their contents, as they related chiefly to the preparations. I had also, I may say, no other books to read at that time; so I frequently availed myself of the opportunity to read them,

and make extracts from them, and I know that they related, many of them, entirely to the preparations in the museum. Thinking there was a great deal of useful information in them, I made large extracts from some of them, and have been instrumental in preserving, in substance, by means of those extracts, I hope nearly half."

242. "Did Sir Everard Home ever make to the curators or trustees of the museum any denial of the statements you made to them as to the number and contents of the manuscripts?"—"No, not a single denial."

243. "Up to the destruction of the manuscripts, on what terms of intimacy were you with Sir Everard?"—"I looked upon him as one of my oldest and best friends; to that hour we had never had the slightest disagreement, but this unfortunate event put a stop to that intimacy; for I considered the obligation which I owed to the memory of Mr. Hunter, to the trustees, and to the curators, superior to any private obligation which I might have been under to Sir Everard Home, and that was my only object in mentioning the subject, which I wished it had never been necessary for me to disclose."

EVIDENCE OF

MR. BENJAMIN COLLINS BRODIE,

(now a Baronet).

244. "You are a member of the Council of the College of Surgeons, sergeant-surgeon to His Majesty, and surgeon to St. George's Hospital?"—"I am."

245. "Do you approve of the present constitution of the Council of the College?"—"I think it admits of improvement. It is an evil that the Council should be elected by themselves, but this evil it would be difficult to remedy under the present constitution of the College."—An excellent beginning for one of the Council. The sincerity of the admission that self-election is an evil, would be proved by a consent to change the constitution of the College, since a remedy is impracticable without. Watch, therefore, for the test of sincerity.

246. "What are the principal evils which the present self-elective system has created?"—"Jealousy and dissatisfaction in the profession, though I do not know that, on the whole, any bad selection has been made of the members of the Council."—What! is it not bad to select for Councillors and Examiners men who are also *teachers?*

247. "What evils would the election by the general body of members produce?"—"The constituency would be too large, and would be thrown into a state of agitation and tumult each year at the election. The seats would be obtained, in great measure, by those who canvassed for them, which the best persons in the profession would not take the trouble of doing."—This is one of that class of imaginary results which anti-reformers conjure up at pleasure to frighten the community from carrying good principles into practice. The "constituency" would be scattered over the entire kingdom. Some of them would exist in every town, and the voting would be conducted by a carefully designed system of proxy. Such a thing as a canvass could never have an existence. Where, then, go the witness's objections? To the winds! The "agitation and tumult" of such a mode of election are bugbears.

248. "What middle course might be adopted with advantage?"—"It would be desirable to have a smaller constituency, who gave proofs of superior professional qualifications before the College; the principal point in which ought to be, that they have been engaged for *a very considerable time in attendance on hospital practice.*" This is a lift for "the shop." The witness keeps an hospital shop. No man would be allowed to attend for a *considerable time* on hospital practice without paying a great deal of money to *the firm.* His merits are then to be measured, not by the knowledge he has gained, but by the number of years during which he has been a dangler in the wards.

249. "Ought surgeons to be instructed in all those branches of medical science in which a physician ought to be instructed?"—"The studies of all medical practitioners should, in the first instance, be *the same*; and then some variation should be introduced, according to the particular part of the profession in which the individual intends to practise."

250. "Would you allow medical students to choose for themselves in what order they would pursue their studies?"—"After the first year or two it might be left very much to his own discretion."

251. "Should physiology be taught at the same time with anatomy?"—"I do not understand the division between anatomy and physiology. You can no more separate them than you can separate the study of the stars from the study of their motions."

252. "Would you have several examinations?"—"I should be inclined to institute two examinations, the first examination in about three years, and the second examination at the termination of the

whole education. The second should comprehend the higher parts of anatomy, physiology, pathology, and surgery."

253. "Ought there to be more grades than one in the surgical profession?"—"It appears to me that there should be a *first grade* for *all* branches of the profession; and then other grades for those who wish to give proofs of superior qualification in particular parts of it."—That is to say a host of *subordinates* and a few *pures*. Now either the mass of the profession are, or they are not, to be sent forth to the public as men who are qualified in all respects to practise medicine,—to have the medical care of the community. The latter class of men, that is, the *not* qualified, is out of the question for the future; and if the candidates for practice *be* qualified, we should like to know what the public want with any other grade than *that*. No, no, the imposing farce of "Consulting Surgeons" is at an end. The present race of *pures* may embody themselves into any kind of "grade" they may like, but superior legal privileges they shall have none.

254. "Would you make all admissible from the lower into the higher grade?"—"I think it very desirable that persons who originally had gone through only the first examination, and have been established in practice for some years, and have *improved themselves* while they were practitioners, so as to make up for the *defect of original education*, should be admitted to examination for the higher degree."—The proof that our allegation has always been just,—that the Council wish to have in that "*lower* grade" of the profession in which they design to include the great bulk of its members an ill-educated commonalty,—is here most palpably afforded in the words which we have placed in *italics*. Thousands of practitioners are to be guaranteed to the public as men fully qualified to practise medicine, whose education has in reality been "defective." We all know what "*defective*" means, and we all by this time also know why the Council of the College are attached to a system which fosters a grade of *defective* practitioners,—a grade of *subordinates*, who shall for ever be bringing patients to "consulting surgeons."

255. "How numerous, in your opinion, should the elective body be?"—"In London they *never* would amount to 200; perhaps, not even to 100; but there would be a large body of such persons educated for country practice."—That is, several *pures* for each great town, and one or two for each little town, to absorb, *according to law*, all the sweets of practice! How grossly inconsistent would such a plan be with the sentiments professed in the answer to the following question!

256. "Explain more fully the changes which you contemplate?"—"First, that all laws involving *any kind of monopoly of medical or surgical practice* should be REPEALED: for experience shows that such laws cannot be acted on. This would include the Acts of Parliament giving power to the College of Physicians, what is called the Apothecaries' Act of 1815, and a clause in the Irish Grand Jury Act, which prevents any but members of the Dublin College from being surgeons to country infirmaries in Ireland. The State should furnish the public annually with a list of the persons who have been proved qualified by education and examination, to practise the healing art, and none but those should be officially employed in treating and curing disease. I would not interfere with the right of individuals to employ whom they please. It is very hard, that I may not employ a quack doctor if I am foolish enough to wish it: but *public authorities* should not be permitted to employ any one who has not a license. There should be a GENERAL BOARD, or *Royal Commission*, composed of physicians, surgeons, and practitioners in pharmacy; and all persons who wish to have a license to practise should be required, in the first instance, to go before that board for examination, and be called licentiates in medicine and surgery, or what is now called a general practitioner or surgeon-apothecary, for the name of apothecary ought to be banished." Those who wish to obtain the *higher* degree in physic should, after *three years* more of study, go to *some other board* for examination; *say to the College of Physicians*, they being properly organized for the purpose: and that those who wish to take a *higher* degree in surgery, after *three years* more of study, should go for a second examination to *the College of Surgeons*."*—Nothing more radical ever came from medical reformer, if we except the ridiculous distinction proposed to be made between the public and "public authorities." We readily admit, however, that individuals should be allowed to consult quacks *if they could find any*, which it should be the duty of the law to render a somewhat impos-

* The poor "Little Glass-Bottle Society" is to be swept wholly out of the arena of profit or competition,—is to have no part in this candidate game of battledore and shuttlecock. We have now the suggestions of three witnesses from the same College, relative to the future government of the profession, each of them presenting a different plan!

sible result of search. But had the witness understood better the subject he was discussing, he would not have talked of a "*Royal Commission* of physicians, surgeons, and pharmaceutists" just after he had suggested that the governing board of the profession should be chosen by *professional suffrage*; nor would he talk of physicians, surgeons, and practitioners in pharmacy, after he had told the Committee that he considered the education of all professional men should be alike in principle. In truth, however, the latter part of his plan is unmitigated nonsense as a practical illustration of reform principles.

257. "Did a surgeon's practice formerly include so much medical practice as it now does?" —"There is no exact line to be drawn between the practice of a physician and that of a surgeon."—A minute after, the witness says,—"In London, the hospital surgeons do *not* practise, on the whole, much of what is called *medicine*. Some practise more, and some less."—Contrast this also with what Sir Astley Cooper said in paragraph 181, and Mr. Guthrie in paragraph 98. These "Councillors" often know no more what they talk about than so many wooden machines. If anybody doubt the justice of this reflection, let them read, in addition, the following sentence, which forms the conclusion of the answer from which we have just quoted: —"There is," the witness says, "*a great deal of a* SORT *of neutral ground*, of which you can *scarcely say* that it is *either surgical or medical!!!*"— This equals the memorable designation of himself by Mr. Guthrie, that he was "*a sort of military teacher!*" The two descriptions may appropriately run side by side. But to prove yet farther the state of confusion which occasionally prevails in the mind of Mr. Brodie, we extract the following remark about the "medical practice of surgeons" from the very next answer. "In the present improved state of the art, the *greater number* of cures made in cases which are universally acknowledged to be *surgical*, are *made by* MEDICAL *treatment*, not by operations." He seems to toss up his opinions as men do halfpence,—whether they come down heads or tails being quite a matter of chance.

258. While we are referring to contradictions and inconsistencies, we may as well render the *illustrative* part of the subject complete. We therefore beg attention especially to the words and sentences placed in italics in the two following answers:—"What portion of the practice of a surgeon of modern times would have been considered a hundred years ago as falling within the province of the physician?"—"I should think that *one hundred years ago* the *greater number* of the cases which I attend would have been considered as *medical*: though I undertake scarcely any which are not *now acknowledged to be surgical*."

259. "It is stated in a well-known treatise on Hospitals by Dr. Miller, that, even in army service, out of 14,000 sick, only 1300 died of wounds, but 6500 of general disease: and in an essay by Sir Gilbert Blane, in the Medico-Chirurgical Transactions, that at Haslar Hospital there were above 8000 medical cases to 1600 surgical cases; also, in an essay by Sir James M'Grigor, on the Cases treated by the Army Medical Officers during the Peninsular Campaign, that there were 52,000 surgical cases to 123,000 medical cases. In civil practice would not the proportion of medical cases be far greater?" —"*The proportion of what are even now called surgical cases to medical cases, is* VERY SMALL."

260. "Are the surgeons of London more raised above the average of surgical practitioners in Europe, than the physicians of London are raised above the average of the medical practitioners in Europe?"—"It is difficult for me to say; I believe that the practice of the physicians in this country generally, is better than in most other countries."

261. "How would you constitute the Board of Examiners for the superior grade of the profession?"—"With respect to the College of Physicians, I have not considered the subject: they must be reorganized, certainly: their *present* examiners would not answer the purpose. With respect to the College of Surgeons, I can say, that the mode of electing the Court of Examiners ought not to be *that which it is at present*. The Examiners ought to be those of whom there is *reason to believe* that they are the best qualified for the office, whether young or old. As to a board in London for conferring medical degrees, the present system is quite absurd. The power to confer medical degrees ought not to be given either to King's College or the London University; because they are schools of medicine, and therefore have an interest in admitting as many to medical degrees as possible. It ought to be vested in some body that has nothing to do with *instruction*."—Now compare this about the propriety of examiners in medicine having *nothing to do with instruction*, with the answer to the following sentence. What is sauce for the goose in Lincoln's-inn-fields, is not sauce for the gander in Pall Mall East, according to the opinion of Sir Benjamin Brodie.

262. "How would you guard the Examiners of the College of Surgeons from

the imputation that they are, most of them, either teachers in medical schools, or *quasi*-teachers, as surgeons to hospitals; and, therefore, as instructors, not in a situation to exercise impartially the power of conferring diplomas?"—"I do *not think you can have a board of examiners excluding* TEACHERS *and hospital surgeons*. They are *necessary constituents of such a board*. I do not believe that *any harm arises from there being teachers and hospital surgeons in* OUR *Court of Examiners*; because they belong to different schools, and are a sufficient check upon one another. I have heard of the imputation which has been mentioned; but very rarely; and only in a general way, and I am satisfied that it has no foundation in truth."—Of course.

263. "In 1826 was it not imputed to the Council, that they drew up regulations, the tendency of which was, to favour the London schools and to prejudice the schools in the country?"—"Yes, and very foolish regulations they were; but they were soon repealed."

264. "How long a time need the first examination of each candidate last?"—"One examiner will see what there is in a young man in a quarter of an hour; when another examiner will take an hour to find it out. The less private examinations are, the better they will be."

265. "Would not the conferring of honours on some particular candidates be open to this objection; that those who stood low in the list would, when they came to enter into practice, undergo *undue disparagement?*"—"*Yes it would*; many persons take very low honours at Oxford and Cambridge, who nevertheless turn out to be very distinguished men; and many take very high honours, who are never heard of afterwards. In a profession where a man's livelihood depends upon his character, it would be better *not to introduce a system, which, after all, affords but a doubtful measure of the relative talent of individuals*."—This is said in the teeth of the opinion which the witness has several times repeated, that there ought to be high and low grades or honours in the profession! Such is the forgetfulness of men who decide no question upon *principle*.

266. "Would it not be desirable, in matters that admitted of it, to make examinations, as they are at Paris, demonstrative?"—"It would be very desirable."

267. "Would you propose that hospital surgeons should be selected exclusively from the members of the higher grade in surgery?"—"I do not think it would be proper to give the higher grade any exclusive privileges."

268. "Would it be politic to make the practice of midwifery or pharmacy a ground of exclusion from a new board."—"I would recommend that there should be no law upon the subject."

269. "Would it be expedient to select teachers from the higher grade exclusively?"—"All who wish to be teachers, should give proof of their being properly qualified for the office, and possess museums. Those who teach without museums, that is, without having the means of instruction, generally prove to be what are called grinders; that is, they instruct pupils to pass their examinations with the smallest possible quantity of knowledge."—It is a fact capable of proof, that four-sixths of the candidates who pass the College and Hall, prepare themselves for examination by grinding. The "certificate system" furnishes the sham forms of instruction; the grinders supply the instruction itself.

270. "To prevent caprice on the part of the Council, might they not draw up a catalogue of the preparations which it would be requisite for every teacher to possess?"—"No difficulty would attend the preparing such a catalogue I think."—Mr. Guthrie has declared it to be impossible.

271. "Do you recollect the case of Mr. Bennett, and the conduct of the Council to him?"—"I do not remember enough of that particular case to be able to give an opinion on it."

272. "Do you approve of the modified recognition which the College now gives to country schools?"—"Yes; I think that those schools enable men to get a greater quantity of knowledge than, with their means, they would be enabled to obtain if they merely came to London."—Sir Astley Cooper, in paragraphs 197 to 206, declared that no man could obtain a knowledge even of the commonest principles of his profession, even in the very best of the country schools.

273. "Would not the demanding of higher qualifications from candidates raise the expense of medical education so high, that it would be difficult for them to compete, profitably for themselves, with irregular practitioners?"—"Yes; however, the profession is now very much overstocked, and I have no doubt that the courses of study required, both by the Company of Apothecaries and by the College of Surgeons, are too limited. I may observe also, that the two courses of study *work very ill together*.* The *bonâ fide* medical education now required by the public bodies here is, I believe, the smallest education required of any medical students in

* Mr. Guthrie and Sir A. Cooper have said that they work admirably.

Europe. On paper it appears much larger than it really is; because our College say, that they require students to have pursued their profession for *six years*; *but when you come to look at our curriculum, you find that it is all completed in less than two years.* I believe it may be done in *twenty months*; and the other four years may be spent in what is worse than nothing."—What a confession! Greater fraud was never charged against the concocters of the schemes and bills of the old lottery offices.

274. "Would you still require apprenticeship to a practitioner?"—"I think it is quite absurd to have an Act of Parliament, such as now exists (the Apothecaries' Act), to require a five years' apprenticeship of every general practitioner, and that it might be very well left open to the profession. If the practitioners in pharmacy think the apprenticeship useful, I dare say the fathers of the students will find it out, and that their sons will be apprenticed for a sufficient length of time. Of course the actual apprenticeship must be really unnecessary, because nothing is learned during the apprenticeship, but what may be learned by residing in an apothecary's house, without it."—There is a liberality of intention and expression in this reply, as well as in some others which we have given, that merits our approbation. We have one remark, however, to add to it, and that is, that under a proper system of examination for the license to practise, the present terms of all indentures would be thoroughly fulfilled, and apprentices would really be instructed in a knowledge of medicine by the practitioners to whom they might be articled. For, if their education during apprenticeship were neglected, students could never pass the examinations of a properly constituted medical board; and it is infinitely more wise and proper for parents to pay the fee for instruction to competent and industrious practitioners, than to incompetent and lazy lecturers, who give nothing but "certificates" in exchange for the pupils' money. Moreover, apprentice fees for due and useful terms of apprenticeship are nothing more than the just and appropriate rewards of the members of the profession. While however we advocate apprenticeships for certain (not long) periods, we object under any circumstances to rendering them imperative. The public and demonstrative examination of candidates affords the full and perfect ultimate test of fitness for practice, and fitness for practice is the only end to be desired.

275. "Would not a year's residence in the house of a practitioner in pharmacy be sufficient?"—"I should think so."

276. "You observed, in a previous answer, that the two courses of study—viz. those required by the College of Surgeons and the Company of Apothecaries—worked very ill together?"—"Yes, I did. They work very ill indeed. A student, when he comes to London, goes to the Company of Apothecaries, and there is furnished with one curriculum, which is drawn up without any reference to the curriculum at our College of Surgeons. Then he goes to the College of Surgeons, and is furnished with another curriculum, which is drawn up without reference to the curriculum of the Company of Apothecaries; and he tries to scramble through the two together. The consequence is, that he has much more on his hands than he can attend to, and a great deal is neglected. Unfortunately, that which is neglected is that which is really the most important—namely, the attendance on hospital practice. Attendance on lectures helps a student to pass his examination much more than attendance on hospital practice, but his attendance on lectures is really less useful to him in after life, than his attendance on the hospital. Therefore I say the best part of his studies is neglected."

277. "Would you admit a young man to examination at the College of Surgeons upon a certificate of his education at a county hospital only?"—"It is very *desirable* that a young man should have part of his education in London, but whether there should be any absolute rule upon the subject, *I do not know*. A friend of mine, a surgeon to the hospital at Birmingham, told me that in his opinion, and in that of his colleagues, it was very important that part of the education should be in London. He said, that the surgeons of the Bristol Hospital had addressed a memorial to this Committee, stating their reasons why young men educated in county hospitals ought not to be required to attend the hospitals in London, and that they had forwarded a copy of this memorial to Birmingham to him and his colleagues, who, however, had declined joining in it."

278. "In that opinion do you concur?"—"*Yes, I do.*"—Compare this "*Yes I do,*" with the "*I do not know*" in the previous answer. They are in effect opposite replies to the same question. No one will wonder that a London hospital surgeon should agree with the gentlemen of Birmingham on the present occasion.

279. "Ought the druggists to be under any regulation?"—"No one ought to be allowed to make up and sell medicines, who does not prove that he understands his duties and his trade. He should know

Latin, chemistry, botany, materia medica, pharmacy, and the doses; and I would intrust their examination to the Company of Apothecaries."

280. The witness is rather ill prepared with some facts which we should have thought he had got at his fingers' ends. Peruse the following:—"What is the present expense of hospital attendance in London for surgical practice?"—"At St. George's Hospital, pupils for one year are charged twenty guineas; but those who are in London for a longer time, are what are called *perpetual pupils*, which costs them *fifty guineas*. A student under the physician, pays twenty guineas for one year; and twenty-five guineas as perpetual pupil."

281. "Should the Council recognise summer courses?"—"No, I do not think that summer courses of anatomy are *good things*. In warm weather the subjects become offensive so soon; that is the only objection."

282. "What number of beds should entitle an hospital to recognition?"—"At present 100 beds are required; and I do not know that it can be altered for the better. At country hospitals, from the crowd of pupils being less, the pupils are better able to give attention to the cases."

283. "Are you for requiring students to be engaged six years in acquiring professional knowledge?"—"No, I think that the rule is quite absurd: *that it has done great harm, and no good.*"—What heaps of abuse have been urged against THE LANCET by the Council and their dependants, for exposing and proving this fact ten years before Mr. Brodie confessed its truth to the Parliamentary Committee!

284. "Those who are examined at the College of Surgeons only, and not at Apothecaries' Hall, are not examined on many branches of medical science which it is most important that they should know?"—"*Certainly not*; and hence the necessity for the first examination, which I have mentioned."—How Mr. Guthrie and Sir Astley must have groaned on hearing this statement, and comparing it with their own previous directly opposite declarations to the Committee!

285. "In some of the country hospitals, in the *Sheffield Infirmary* for instance, none of the greater operations can be performed, except upon indispensable occasions, without a previous consultation of the surgeons with the physicians, to all of whom a written note must previously be sent by the house-surgeon?"—"I do not see any advantage in it. I think it very seldom happens that the opinion of physicians is of any service upon such questions."

286. "An old rule prevailed in some of the London hospitals, that the medical treatment of a surgical case should be confided to the physician: does such a rule now prevail in any London hospital?"—"I suppose not."—The witness evidently is not aware of the fact. Many a time have we known the surgeons in the Borough hospitals, for instance, summoned by a physician to treat an external ulcer in a patient who was domiciled in the medical wards for the cure of a "medical" disease.

287. "Do the surgeons pay more attention now to the medical treatment of diseases?"—"Yes. When I was a student, no operation for instance was so common as that of castration, which is now one of our rarest operations; because it has been ascertained that the great bulk of the cases for which it used to be performed, are to be cured with mercury."

288. "Is it desirable that physicians should be instructed in surgery?"—"A physician should be so if he means to be a scientific physician. A physician and a surgeon ought to have the same studies in the first instance. A certain advantage arises from a division of labour afterwards, though it would be much better for physicians to practise surgery, where the field of practice is limited, and he should be quite as competent as the surgeon to make *post-mortem* examinations, and to investigate disease by dissection. Nobody was more competent to do that than the late Dr. Baillie, though he practised as a physician."

289. "What class of practitioners have been the chief improvers of medicine in this country within the last 100 years?"—"The two greatest improvers have been the two Hunters; one a physician and accoucheur, and the other a surgeon. John Hunter especially; but William Hunter did more than the medical world generally are aware of. The catalogue of his museum of morbid anatomy contained a great quantity of valuable information which is now generally diffused, and of which nobody knows whence it came, which originated with him; but which has now become everybody's property. (The witness on returning home supplied the following statement in addition):—"The *Medical and Chirurgical Society of London* have published seventeen volumes of Transactions, and the papers form, on the whole, by far the best collection of the kind which has been published in England. The whole number of papers is 406; of which 31 were contributed by individuals not resident in England. The remaining 375 papers were derived from the following sources:—

1. From surgeons to public institutions, teachers, and assistants in London 120
2. From licentiates of the College of Physicians 100
3. From general practitioners 67
4. From the army and navy 38
5. From hospital surgeons in the country 23
6. From fellows of the College of Physicians 14
7. From various others 13

"Of the 375 papers, 183 are relations of remarkable cases, and 192 are essays. Since the Medical and Chirurgical Society began the publication of Transactions, the College of Physicians have published three additional volumes of the Medical Transactions, containing 73 papers, of which 55 were furnished by the fellows of the College; nine by licentiates of the College; and nine from other sources."

290. "Is there anything further that you wish to state?"—"I would wish to state this. It is a great object that the Hunterian Museum should be kept up. If a new public medical board were established, it would be necessary to provide other funds for taking care of the museum, as it belongs to the country, and is a national object. There is nothing like it in the world besides. I beg leave further to say, that the same system of medical government which may be adopted in London, for England, should be adopted in Edinburgh, for Scotland; and in Dublin, for Ireland. An equal course and an equally strict examination should be instituted in each metropolis; and the license granted in each metropolis should be regarded as a sufficient qualification for practice in every part of the United Kingdom. General practitioners also should be allowed to charge for their attendance, and not for their medicines. But this is a matter of custom, and not a thing that can be accomplished at once, by legislation. Probably, if such a change of custom were recommended by this Committee, the recommendation would have great influence with the profession and the public."

The next witness called was Mr. Travers, but before giving the evidence of that gentleman we shall conclude the evidence of Sir Astley Cooper, the latter part of which we have accidentally mislaid, and not been able to recover in time for publication this week.

APOTHECARIES' HALL REGULATIONS.

PETITION FROM STUDENTS AT EXETER, AND REPLY OF THE COMPANY.

To the Editor of THE LANCET.

SIR,—I am directed by a resolution of the Court of Examiners to request you will have the goodness, through the medium of THE LANCET, to give publicity to the enclosed petition and answer, as early as may be convenient to you. I am, Sir, your obedient servant,

JOHN WATSON.

Apothecaries' Hall, July 6, 1835.

"June 13, 1835.

"*To the Worshipful Company of Apothecaries in London.*

"We, the undersigned pupils of the *Devon and Exeter Hospital*, and apprentices of the medical practitioners of this city for the term of five years, having learnt that new regulations relative to our studies in London are about to be enforced by the Company, demanding an additional twelve months' attendance unless entering before the 21st instant, which is entirely out of our power from the nature of our indentures, respectfully submit that we shall thereby not only suffer great inconvenience, but, from the additional expense necessarily incurred, many of us will be altogether prevented from going to London; we, your petitioners, therefore humbly submit to the Company, that these regulations, wholly unexpected by us and our friends, may be in some way altered, or at all events so modified, as not to affect those already embarked in the profession, that so we may be enabled to prosecute our studies as heretofore without this additional expense; we trust that the case of the great number of students in this city and in different parts of the kingdom, whose interests will be seriously compromised by these regulations (and it may be stated that there are no inconsiderable number in this place who are deeply concerned) will be taken into your consideration; and that some measure may be adopted whereby we may be enabled to finish our education in London, which it is our earnest wish to effect."

(Signed by 27 pupils.)

"We, the undersigned physicians and medical practitioners, resident in the city of Exeter, beg leave to state that the above petition meets with our entire approbation."

(Signed by 38 medical practitioners.)

"*Answer to the Petition from the Medical Pupils at Exeter, addressed to Dr. Blackall.*

"A petition, signed by the pupils of the *Devon and Exeter Hospital*, and addressed to the Society of Apothecaries, has been subsequently transmitted by them to the Court of Examiners, who alone are entrusted with the regulation of the medical studies of those who intend to qualify themselves to practise as apothecaries. As this petition has been sent with the 'entire approbation' of a considerable number of physicians and surgeons of Exeter and its vicinity, the Court of Examiners have deemed it incumbent upon them to transmit their answer through you, regretting however that so respectable and influential a body of medical practitioners should have concurred with you in giving their sanction to this document without any previous communication with the Court of Examiners, who would have been most ready to have explained the reasons that have induced them to extend the course of medical education. The petitioners are entirely mistaken in saying that by the recently issued regulations an additional twelvemonths of study is enjoined, the addition is that of one winter session only, or little more than six months', attendance upon lectures during the first summer being *recommended* only, whilst it is to be particularly observed that the second summer includes the time which ought to be devoted to hospital attendance. The petitioners should also know that by a most careful investigation as to the time now *voluntarily* devoted to the prosecution of their medical studies by the candidates who have been examined in the present year, it appears that the average time is considerably more than that which is required by the newly-published regulations. Had the petitioners been acquainted with the evidence given before the Committee of the House of Commons last year on the subject of medical education (now in course of publication), they would have seen that the testimony of every physician and surgeon of eminence went to prove that the course of study demanded by the Court was considerably short of what was desirable; and the expressed opinions of some of the most influential of the metropolitan teachers consulted by the court are equally clear and explicit upon this point, all of them assigning three years as the shortest time in which the various subjects comprised in the education of the general practitioner can be effectively studied. The petitioners are requested to observe that the regulations lately published by the court are still short of those demanded by the Royal College of Surgeons of Edinburgh; they are also below those of all the continental schools of medicine, and that the only curriculum of less extent is that of the Royal College of Surgeons of London, which it is to be recollected contemplates a surgical education only.

"The Court of Examiners were however fully aware that many instances of inconvenience, and even of hardship, might arise from the immediate and universal application of the extended course of study; and in the preface to their regulations they have expressed their solicitude to lessen these inconveniences whenever they arise. Among the individuals whose interests are most affected by this important change, none are more deserving of consideration than those who are compelled to pass the whole period of their apprenticeship in practical pharmacy; such a servitude was never contemplated by the Act of 1815, and the Court of Examiners have not neglected on many occasions to call the attention of the profession to this particular point. To save the time, and to obviate the expense that would be incurred by gentlemen so situated, the court have passed the following resolution, which they conceive will be satisfactory to those who, from the terms of their indentures, are unable to comply with the regulations just published.

"'Resolved,—*That those gentlemen whose indentures of apprenticeship bear date prior to the* 1*st of October* 1835, *and who can adduce proof to the satisfaction of the court that they have not been permitted to commence attendance upon the medical classes during their apprenticeship, will be allowed to complete their studies in conformity with the regulations of January* 1831.'

"The court cannot dismiss this subject without expressing their anxious wish to cultivate the good opinion of yourself, and your medical brethren, not only in Exeter, but throughout the whole kingdom. They trust that upon consideration you will perceive that in extending from time to time the education of the general practitioner, they have alone been influenced by one powerful, and they trust, laudable motive, that of fulfilling the benevolent intentions of the legislature by providing a class of practitioners, on whose scientific attainments and professional skill the public may rely with a reasonable degree of security.

"Apothecaries' Hall."

The Archives Générales de Médecine,
for April and May, 1835.

The above numbers of this journal contain the following articles:—

1st. Cases of Ligature of the Axillary, Ulnar, and Posterior Tibial Arteries, with some remarks on Traumatic Hemorrhage and its Treatment, by M. Berard, professor to the Faculty.

2nd. Researches on Dysentery, by M. Thomas.

3rd. Various Surgical Observations, by Professor Lallemand, of Montpellier.

4th. A Memoir on several points connected with the Act of Respiration, by Professor Gerdy.

5th. Observations relative to various methods of treating Erectile Tumours, by Professor Lallemand.

6th. An Examination of the Chemical Characters of the Saliva, as a means of diagnosticating some affections of the Stomach, by M. Donne.

7th. Case of Obliteration of the Aorta, which we have already noticed.

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1. Ligature of Arteries &c. in Wounds of the Arm.

The cases of ligature give rise to some practical deductions on the part of M. Berard which are worthy of notice. The first was a case of gun-shot wound received in Paris during the disturbances in April. The ball had entered the fore-arm, fractured the middle of the radius, passed in front of the elbow-joint without injuring it, and had completely dissected, as it were, the brachial artery for some extent along the upper arm, in which it was found flattened and imbedded at the middle. The bullet was extracted, together with a fragment, apparently belonging to the radius, after fourteen days of treatment, during which everything went on in a most favourable manner. An abundant hemorrhage took place from the wound; this was arrested by pressure. No bleeding for eight days. On the 6th of April (22nd day) the blood again issued from the wound in the greatest abundance. The tourniquet was applied, and although the pulse could be felt in the radial artery, the professor determined on taking up the axillary artery, as all the superior part of the limb was infiltrated. The operation was accordingly performed in the axilla, and the occurrence of secondary hemorrhage did not again take place.

A circumstance in this case which is worthy of fixing the attention of surgeons, is the persistence of the pulse in the radial artery, notwithstanding the wound of the humeral. This contributed to throw much light on the nature and extent of the wound in the vessel: it was evident that less than two-thirds of its circumference must have been compromised, for under other circumstances the circulation would have been completely suspended in the arteries of the fore-arm. Immediately after the tying of the principal artery, the phlegmonous and œdematous tumefaction of the arm disappeared, for want, as M. Berard seems to think, of aliment for the inflammation.

The second case is a fine example of the success obtained by cold irrigation even in severe lacerated wounds, and also of the cure of a wounded artery by Anel's method. The patient's arm had been very extensively lacerated by a cotton machine; irrigation employed for six days completely prevented the development of any inflammatory symptoms; however, some days later, arterial hemorrhage took place, and the ulnar artery was found to have been wounded. It was tied above the wound only, and the patient was cured in eighteen days afterwards. The success of this operation is the more remarkable, as all the unfavourable conditions to the method of Anel were here united. The secondary bleeding did not take place until fourteen days after the accident. The artery was extensively opened, and the anastomoses between the radial and ulnar seemed to bring blood in some quantity to the inferior end of the vessel. Upon cutting down on the cubital artery, an accident occurred which often embarrasses operations of this kind, and, according to M. Berard, is by no means combatted in the proper manner. Upon the first incision being made above the superior extremity, a good deal of blood flowed out between the edges of the wound, and the operator was considerably annoyed. In cases of this kind surgical writers advise us to compress the brachial artery in the arm, with a tourniquet or the finger; but this is accompanied with an inconvenience of

no small degree; the venous blood stagnates in the limb, oozes out between the lips of the wound, and masks all the parts. The author finds it infinitely better to compress the vessel directly in the wound, or in its vicinity.

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3. VESICO-VAGINAL FISTULA.

In the observations of M. LALLEMAND, we find the following remarkable observation of the cure of a vesico-vaginal fistula:—

Vesico-vaginal Fistula, more than one inch in length, and one-third of an inch in breadth, completely cured, after having existed for two years, by the sonde-airigne. —Françoise Frepon, twenty-two years of age, became pregnant, and was delivered by the crochet; the urine flowed from the vagina immediately after the extraction of the child, and continued from that time to be passed in totality by the same channel. After two years fruitless trial of all kinds of treatment, the patient was received into the hospital of Montpellier. The exact size of the fistulous orifice was determined by moulding the interior of the vagina, and on the 23rd of April the author cauterized the edges of the fistula, which, we should have mentioned, was situated at one inch and a third from the external orifice of the urethra, was transverse, and presented a crescent shape. After the cauterization with nitrate of silver, the bladder was injected several times. No pain or pricking.

27. Second cauterization; this was followed by a sharp sensation of burning in the edges of the wound.

May 2. Third cauterization, followed by a sharper degree of pain.

8. Fourth cauterization. Appetite diminished (Bath. Limonade).

13. Fifth cauterization. On the 15th, signs of inflammation sufficiently intense to bring about union: the eschars are about to fall off, and this is the most favourable moment for the application of the sonde-airigne.

16. A female catheter was introduced into the bladder, and the remnants of the eschar were removed with the medius and index fingers; the edges of the fistula exude some drops of blood; the instrument was now applied, and as soon as the spring was let go, the edges of the fistula were brought exactly together. For three days the patient was perfectly quiet.

Fourth day. Some pain in the vagina, and sensation of pinching in the bladder.

Fifth day. The instrument withdrawn, and replaced by a common female catheter; not a drop of urine passes by the vagina; the obstruction of the sound is prevented by frequent injections.

On the 8th of June (twenty-two days after operation) the patient withdrew the catheter, and walked about for several hours; and though she had retained her urine for some time, yet passed it entirely and with force through the urethra. After the cure, the vagina was again moulded, and a print, resembling somewhat the raphe of the scrotum, was observed, nearly filiform, and five or six lines in length.

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5. TREATMENT OF ERECTILE TUMOURS.

We spoke, in a former Number of THE LANCET, of the various processes employed for the removal of erectile tumours, and we have shown how few of them can be relied on with confidence. Of the more satisfactory remedies, the use of caustic potass, recommended by Mr. WARDROP in his excellent practical papers in this Journal, is certainly the means which unites most circumstances in its favour, and has been attended with the greatest success. The memoir of Professor LALLEMAND, now before us, contains four cases of erectile tumour, which give rise to some judicious observations on the nature and treatment of accidental erectile tissue, and which were, moreover, treated by a method which, though resembling at bottom that first proposed by Dr. Hall, and reposing upon the same physiological principles, yet deserves to be added to the list of methods already on record.

The first case of erectile tissue was treated after the ordinary manner by simple excision, but although the flaps of the wound were partially attacked by the morbid disposition, they united without the least difficulty. This circumstance led the author to imagine that the division of an erectile tumour might be followed by immediate union, and that the cicatrix which results might be followed by the same effects as in the corpora cavernosa, or spongy tissue of the penis, giving rise to septa through which the bloodvessels do not pass, and thus cutting off the circulation at various planes of the tumour. The theory was fully confirmed by practice. After the union of the first division, when a second was practised in the neighbourhood of the former, the blood trickled in

small quantity from the surface next the cicatrix, while it sprung with its usual impetuosity from the opposite edge: this evidently demonstrated the formation of a septum along the line of cicatrix, interrupting the circulation from one part of the tumour to the other. The analysis of one of the cases will serve to illustrate the effects of this method:—

A. J., aged three months and a half, had a congenital tumour, which rapidly developed, and extended two and a half inches across the cheek, and one and a half upwards, projecting nearly half an inch. In the beginning of July the tumour was divided in its longer diameter, and united by four needles with twisted threads. The needles were withdrawn on the fifth day, when some drops of blood, mixed with pus, came away. This discharge continued through the needle-holes for some time. After fifteen days the cicatrix of the wound was formed, interrupted however here and there by the needle-holes, which still suppurated. These were repeatedly cauterized with nitrate of silver, and as the cicatrization advanced, the parts in the neighbourhood of the traject of the needles began to lose colour and diminish. This change proceeded gradually, and after five months nothing remained of the erectile tumour, except a few small red points disseminated over its circumference. These would, no doubt, have disappeared in time, but the child's parents became impatient. They were, therefore, pierced with small pins, and the inflammation caused by their presence was sufficient to transform them into fibrous tissue.

In the early period of this case, the author's intention was to divide the tumour successively in various directions, and thus create so many septa as would completely interrupt the circulation through it; but the good effect produced by the presence of the needles (introduced merely for the purpose of keeping the edges of the wound in contact) in bringing on inflammation and subsequent diminution of the surrounding tissues, led him to the discovery of the method already recommended, and performed with success in London. We subjoin another of the cases, where the erectile tumour occurred in an infant aged three months, situated on the left scapula, three inches long, two broad, and three lines thick, and which was traversed successively by 120 pins, and cured in two months and a half:—

The patient was a very delicate child. The tumour had grown very rapidly from birth, in spite of compression kept up by steel plates. The fear of losing too much blood in a weakly infant, and the good effects of the suture needles in the last case, induced the author to endeavour to determine inflammation of the tissue by traversing it with pins in various directions. However, as the little patient was very irritable and did not sleep well at night, the author proposed to attack only a portion of the tumour at a time. In the beginning of December 1834, twelve fine pins were passed through the lower extremity of the tumour, and the space intervening between them was covered by numerous circumvolutions of waxed thread: three days afterwards a similar application was made at the opposite extremity of the tumour. Its whole circumference was thus successively attacked, and after a lapse of about forty-one days, all these points were in a state of suppuration. The author now proposed attacking the centre of the tumour, but as the health of the little infant seemed somewhat impaired, he suspended all treatment for a few days: the central part of the tumour now began to pale and sink down, and in 15 days became completely transformed into a flat cicatrix, about two inches in extent. This portion of the tumour required no further care, but it was necessary to attack several points of the circumference which had not yet felt the inflammatory influence. Finally, after two months and a half of treatment, the tumour was reduced in all senses: nine-tenths of its extent were occupied by a smooth cicatrix, which became every day more pale. The number of pins employed amounted at least to 120; not more than a few spoonfuls of blood were lost, and the little infant, though very delicate, was not indisposed for more than two days, and that slightly. It is also worthy of remark, that the central portion of the tumour, though it had not been touched by one of the pins, participated in the inflammation of the neighbouring parts, and underwent the same transformation.

We have already noticed the great variety of means employed in the treatment of erectile tumours. The principal amongst them are, compression, excision, and the caustic potass.

The excellent observations of Mr. Wardrop which we have published on the latter mode, render it unnecessary for us to recur to it. The chief advocate for compression was Mr. Abernethy: since his time it has frequently been employed

with success by Boyer, Roux, Dupuytren, &c.; but this method requires the concurrence of many circumstances which we rarely find united together, and if we allow that it acts, not by diminishing the caliber of the vessels, but, as is much more probable, by exciting any inflammatory action in the tumour, we shall see that those other means produce this effect much more certainly and with greater advantage.

Excision has always had its partisans, but the slightest reflection must show the danger and inconvenience of this method in cases of extensive tumour situated on the face, lips, eyelids, &c., especially when the subject is young and delicate, without dwelling on the evident objection from the loss of substance affecting important parts. The excision of erectile tumours is also accompanied with some danger, and has on some occasions even produced instantaneous death. An example of this latter kind has been published by Mr. Wardrop; and M. Roux had the misfortune to see a child die during the operation about three years ago at *La Charité*.

Physiological considerations would induce us *a priori* to think, and experience has fully justified the idea, that by exciting inflammation in the tumour, its character may become changed: a new substance, the produce of inflammatory action, is thrown down, the morbid circulation embarrassed, absorption of the more fluid parts leaves behind a solid tissue, and the vascular tumour is at length completely transformed into a fibrous, or even a fibro-cartilaginous mass.

The question then to be resolved is, how are we to excite this internal inflammation in the most favourable manner? Without perhaps being entirely aware of the principle on which they were employed, various surgeons have made experiments with the seton, with irritating injections, and latterly, as we have already noticed, on perforation of the tumour with a cataract needle, which is then to be moved about in all directions so as to produce irritation and obliteration of the vessels. This method then approaches very closely, both in principle and method of execution, to the acupuncture of Professor Lallemand. In his early experiments the author just cited employed very fine sewing needles, but as these are inflexible, he soon abandoned their use for long middle-sized pins, the extremities of which can be cut off or twisted at will. After the first series of pins, applied as closely and as parallel as possible, have come away, it is right to apply another series, at once, perpendicularly, before the inflammation has time to dissipate. The surgeon need not be alarmed at the blue or even dark colour which the swollen parts assume after the application of the pins; and the little suppurating wounds must be frequently touched with the nitrate of silver, to keep up the inflammation and render the cicatrix more regular. The main principle to be kept in mind is the necessity of exciting a sufficient degree of inflammation; and this might also (says the professor) be obtained by the actual cautery, or the use of caustic potass.

It is not possible that the professor of Montpellier has never heard of Mr. Wardrop's cases. How, then, is he relieved from the imputation of injustice and affectation in this latter observation?

THE LANCET.

London, Saturday, July 11, 1835.

The House of Commons went into Committee on the County Coroner's Bill on Tuesday last, according to appointment, and got through eleven clauses; the twelfth section, which professes to provide remuneration for those medical practitioners who institute post-mortem examinations at inquests, having been left undiscussed and unconsidered, as the House rose at three o'clock p. m. The further consideration of the bill was then postponed to twelve o'clock on Thursday the 9th inst, but as several other subjects were to take precedence of it at that period, it was very probable that there would be another postponement of the measure until Friday or Monday.

It must strike the profession as somewhat curious that this bill, which has given rise to so many hours of discussion during the last fortnight, passed the House of Commons in each of the two preceding sessions of Parliament, and almost without opposition or comment, excepting on the clause which was then introduced for making the Coroner's an open court. What, therefore, has been written on the subject in this journal, it is now quite evident has not been written without producing some effect. Although the bill will now be far from being a perfect measure, yet it will certainly be an improvement, in many respects, on the present state of the law with regard to coroners. Still, we look with considerable anxiety for the decision of the House, respecting what will be the remuneration allowed to medical practitioners for their attendance at inquests, and which it will not be possible for us to give in our present number.

A GARBLED description of the new fudgery regulations of the College of Physicians has been published, we perceive, in some of the newspapers. We can tell Sir H. HALFORD and his enlightened coterie, that their recent attempt at trickery will be as unsuccessful as all the other efforts of the same kind which they have made within the last ten years. The cause of medical reform cannot now be injured by parties whose corrupt practices have been so fully demonstrated to the whole medical world. The movements which are taking place in the old, corrupt, and rotten medical institutions, merely tend to prove that the culprits are conscious that their mal-practices no longer remain undiscovered. By shifting and manœuvring they are trying to escape from the peril which is sure to follow their delinquencies; but their efforts are useless. The rod of castigation is raised, and it will not fall the less heavily because there is some delay in inflicting the blow. The returns of the Apothecaries' and Physicians regulations having been laid on the table of the House of Commons, they are now in progress of being printed, and copies of them will be placed in our hands in a few days.

WE publish this week abstracts of the entire evidence of two gentlemen who were examined before the Parliamentary Medical Committee,—evidence which occupies in the original report four-and-twenty folio pages, but from which we have not omitted a single fact, statement, or opinion, possessing value or interest to the profession. The evidence of Mr. CLIFT will be read with feelings as painful as those which attended its delivery, Mr. CLIFT having been so affected at the time of making his statements that he could scarcely proceed,—audibly sobbing, indeed, as he unfolded the transactions which it became his duty to expose—the "deplorable transactions," as they were most truly but most leniently termed by the Chairman. Mr. CLIFT is a man of the highest private worth, and the most extensive acquirements in the departments of science to which his life has been devoted, and his straight-forward and unassuming evidence is in striking contrast with much of that which surrounds it.

Of the conduct of the man who bore the disgraced name of EVERARD HOME we shall not here add one word; we would beg, however, to call attention to those statements of Mr. CLIFT which afford reason to believe that the greetings of the Council of the College and the robber HOME partook as much of the "Hail fellow, well-met" character, after the destruction of the Hunterian manuscripts, as they did before. We take the same op-

portunity to repeat in his own unabridged words the opinions of Mr. GUTHRIE respecting the proceedings of his infamou colleague HOME. There has been much to contrast in the evidence as yet published, but nowhere have the materials or exposing dissimilitudes presented so good an occasion as this, for serving the useful and legitimate purposes of comparison. The Chairman of the Committee asked Mr. GUTHRIE what he thought of a certain paper put forth by the curators of the Hunterian Museum in April 1826, in which the following passages occurred :—

"The curators, on applying to Sir Everard Home, were informed by him, that he had burned all Mr. Hunter's manuscripts, in consequence of a promise made to Mr. Hunter to that effect. Amongst these manuscripts were ten volumes in folio—viz. nine on the anatomy of animals, and one on vegetables. That Mr. Hunter considered these books to be valuable, and not otherwise than creditable to himself, may be inferred, from three of them being placed on the table beside him, when his portrait was painted by Sir Joshua Reynolds. It is said that Sir Everard Home has even burned Mr. Hunter's manuscript lectures which he read to his class. But the curators cannot believe that Mr. Hunter could intend that these works should be burned as unimportant manuscripts. It must, therefore, always remain a subject of deep regret, that Sir Everard Home should have felt himself bound by his promise to Mr. Hunter, to have carried destruction to the extent to which he is said to have done."

"Do you believe," said the Chairman to Mr. GUTHRIE (question 4936, page 45, folio Minutes of Evidence), "the statements in this document to be correct?"—The witness replied as follows :—

"I know that they are correct, except that I believe Sir Everard Home, if we *must* make a *culprit* of him after he is dead, *destroyed little which was valuable.* I believe he *made use of it, and did not wish the record to remain behind after he had made* SUCH *use of it.* I do not think there was *much* of very essential matter destroyed; at least, if there was, we have no positive knowledge of it, and it is now too late to rectify it."

"So now," Mr. GUTHRIE was, doubtless, prepared to add, "let us leave the "trumpery and unpleasant matter as fast "as possible, for what's the use of making "a fuss about dead men and burnt "manuscripts?"

THE Worshipful Company expresses rather more surprise at the petition of the Exeter students, inserted at page 482 than, we suspect, will be pleasing to the parties whom they have reprimanded for giving "sanction to the document." Twenty seven medical pupils, and thirty-eight practitioners who must be well practised in the business of analysis and examination, sat down deliberately to study the new regulations of the Worshipful Company, and rose from the perusal of that ably-constructed and clearly-worded document with a full belief that "an additional twelvemonths *attendance*" was henceforth demanded from certain candidates for the company's license. The pupils accordingly remonstrated against the imposition, with the entire approbation of the practitioners, and begged that one regulation might be so modified as to relieve them from its operation. The application, however, proves to be particularly disagreeable to the Company, who regret that it has been sent, and proceed to show the petitioners that they are "entirely mistaken" in their impression that two six-month summers constitute "twelve months" of time. What else, at least, the pupils will make of the following passage in the Company's answer, which we print *exactly* as we find it in the manuscript, we know not.

"The Petitioners are entirely mistaken in saying that by the recently-issued regulations, an additional twelve months of study is enjoined, the addition is that of one winter session only, or little more than six months attendance upon lectures during the first summer being *recommended* only, whilst it is to be particularly observed that the second summer includes

the time which ought to be devoted to hospital attendance."

It seems to us that the misapprehending pupils—more honest when they petitioned than the Court when it legislated—are here told that what the Court "recommends," students are not expected to adopt. There will be more correspondence, however, we suspect, on the subject, so here we leave it for the present. As for the opinions of certain "metropolitan teachers," that "three years is the shortest time" which students ought to be required to spend in dancing attendance on their prelections under the certificate system, why such opinions are matters of course with them. Subject a naked community to the merciful "regulations" of a set of clothiers, and every tailor will swear that a jacket consumes nineteen yards of double Saxony. The law will see him paid. The letter to Dr. BLACKALL contains more than one insult.

THE attention which we have been induced to bestow lately on the mock-reforms recently proposed in the Dublin College of Surgeons, prevented us from noticing at an earlier period the following curious correspondence which has appeared in the Dublin newspapers. The subject to which it refers is one that deserves the serious consideration of all those who are called on to contribute to the class of medical institutions which have multiplied to so great an extent in Dublin, as well as in London, under the abused name of "charity." The machinery of those establishments is extremely simple, readily worked, and invariably the contrivance of unscientific and needy practitioners, who combine together, take a waste house, give it some specious title, print and distribute circulars amongst all those who are supposed to be able to promote charitable purposes, organize benefit sermons, and expend the proceeds in advertising their names as the physicians and surgeons of such and such hospitals and dispensaries. Sometimes the entire "firm" is limited to a single individual, who concentrates in his own person the multifarious functions of governor, treasurer, physician, surgeon, apothecary, nurse-tender, and porter,—who is, in short, the solitary symbol of the institution. Of this we have an example, for instance, in the "National Eye Infirmary" conducted by Surgeon MORRISON in Cuffe Street, Dublin. To those who are unacquainted with the operators and the operations in these abominable impositions, the disclosures which their secret history might furnish would appear too monstrous to be true. As illustrations of the more open workings of the system, we transcribe the subjoined paragraph and letters from the *Steward's Dispatch* of April the 29th:—

"The following letter from his late Excellency the Lord Lieutenant (Haddington), transmitted on the evening of the day before his departure from Ireland, and for which the *patrons* of this institution (the *City of Dublin Hospital*) to whom it was addressed desire to return their best thanks, shows at once the *goodness* of his Excellency's heart, and the *anxiety* which he entertained to serve *the charitable institutions in this city*!

"'Castle, April 26th.

"'Sir,—I am commanded by the Lord Lieutenant to forward the sum of ten guineas for the benefit of the *City of Dublin Hospital*, which I beg leave to enclose to you. Had Lord Haddington continued, he would have had pleasure in becoming the patron of the City of Dublin Hospital, and it would have received his support in an annual subscription, but it is on quitting this country that he commands me to remit the above donation. I am, Sir, your most obedient servant,

"'M. A. B. HAMILTON,
(Private Secretary.)'"

With respect to the institution to which, under the pompous and imposing appellation of the "City of Dublin Hospital," this pathetic communication was made,

we may remark that it originated with the lecturers of the school of the College of Surgeons, who could not be conveniently accommodated by Tory patronage in the chartered hospitals of Dublin, their object being to secure to themselves, by hook or by crook, the name of "Hospital Surgeons," and to obtain fees from pupils under the pretence of giving "clinical lectures." *Charity*, the pretext exclusively put forward for its establishment, was the only motive which the imagination may not picture to have influenced its contrivers. Lord HADDINGTON was certainly a very fit patron for the institution. All parties concerned entertained the same political sentiments, viewed human affairs through the same selfish medium; and the "hospital surgeons" having assisted by every means at their command to retain him in office, unquestionably had a claim on his lordship which was liquidated in this form, as the only decent mode of striking a balance sheet, the final debt in which was ultimately cancelled by a certain quantity of becoming cant on the "goodness of his excellency's heart," and his "anxiety to serve the charitable institutions of Dublin!"

In bestowing the ten guineas, the subscriber might justly have observed with PEACHUM, "'Tis but fitting that we should encourage cheats, since we live by them."

Thus far, therefore, the parties were on a perfect equality, and we might have looked with stoical indifference on their congenial intercourse, but for the appearance of the following letter, the perusal of which would disturb the philosophy of ZENO himself. It is extracted, with the introductory paragraph, from *Saunders' News Letter* of June the 13th:—

"His Excellency the Lord Lieutenant has been pleased to send a donation of ten pounds to the *City of Dublin Hospital*, Upper Baggot Street, with the following gratifying letter, for which the directors of the institution beg leave to present their best thanks!

"'Vice Regal Lodge, June 1, 1835.

"'Sir,—I am directed by his Excellency the Lord Lieutenant, to enclose ten pounds, as his Excellency's donation to the *City of Dublin Hospital*. His Excellency desires me to say that he shall feel sincere pleasure in becoming patron to the institution, which he hopes may be enabled to continue its present extensively useful course of charity. I have the honour to be, &c.

"'C. B. PHIPPS.

"'To C. Benson, Esq., York Street.'"

This second "Excellency" was Lord MULGRAVE, and so near an approach to swindling without liability to prosecution as was the application to his lordship, never did we witness. To reflect before bestowing gifts on these occasions, does not seem to be the custom of any man who possesses wealth. The application for a new donation from a new Lord Lieutenant, was indecent enough, under the circumstances; but it was hardly more impudent than the compliance was strange. We should like to see the document in which the claims of the Baggot-Street-Hospital gentry on his liberal Excellency were put forth. Charity should certainly have nothing to do with politics,—should receive no check from party,—but since charity had nothing to do with the application, what could the nature of the claims have been? The persons who call themselves the directors of this Hospital, are among the bitterest enemies of the government of which Lord MULGRAVE is a part; and as for the *liberality* of those directors as *professional* men, why in the Dublin College of Surgeons they and a few others with whom they act, have for years monopolized every place of emolument belonging to the medical community in the city, and have for years disposed of the entire medical patronage of the provinces, among their friends and dependants, appointing these latter to the various dispensaries and hospitals, to the almost invariable exclusion of every member of the

profession who has not upheld the same political principles as their own.

We might readily enlarge our catalogue of persons and institutions of the above description in Dublin; but we shall merely refer at present to one of these,—an "institution" which is conducted by a single individual, and at which we are informed a patient is seldom seen to attend; and yet for the support of this mock charity the conductor arranged a ball, about two months since, at which we believe Lord Mulgrave attended, but unquestionably without at all suspecting that the proceeds at the doors were poured into the pockets of one man, free from subjection to the slightest control in the expenditure of the money, which may the next day have gone to pay his tailor's bill, or the wages of his cook. Gold enough is demanded in Dublin for the true purposes of charity, without reasonably leaving any to be paid in the shape of subscriptions to the class of well-dressed dispensary beggars who prowl about town in fur-collared coats and four-wheeled chaises.

The intestinal hemorrhage of new-born children is a disease which has not been well described by any one of the authors who have written upon the affections of new-born children. It is therefore with some interest that we have read a short memoir on the subject in the 26th number of the *Gaz. Med. de Paris* (1835), by a physician of Zurich, M. Conard Rahn-Escher, who has observed several examples of intestinal hemorrhage in infants of a few days or weeks old, which have presented an uniformity of symptoms that has induced him to arrange them under one and the same disease. In effect, the children who present this phenomenon are generally born of weak parents, or the mother has suffered from some accident during gestation; the child itself is generally weakly and pale; at an uncertain period after birth, but generally within the first few days, the child is seized with agitation, somnolence, abattement, convulsions, and alternations of colour and paleness in the cheek; these symptoms last for one or two days, and are suddenly followed by a discharge of blood, half liquid, half coagulated, from the anus:—this is soon followed by a discharge of matter partly composed of blood, intimately united with fecal matter or glairy mucus, and the patient becomes pale, abattu, is seized with convulsive movements from time to time, and shows every mark of feebleness; by degrees, under proper treatment, the quantity of blood diminishes: the convulsions first disappear, the child now becomes a little gayer, and the pulse rises, but it requires a long time and great care to dissipate the effects produced by the repeated loss of blood. The autopsy of one of the children showed a great quantity of blood extravasated in the upper part of the small intestine, the mucous membrane of which was red and softened in several parts; the spleen was also engorged and softened; the vessels were full of dark blood. Hence, and from an analysis of the symptoms, the seat of the affection would appear to be the upper part of the small intestines, where the blood is deposited by an action very much resembling that of melæna.

The treatment recommended by M. Rahn-Escher consists first in endeavouring to check the hemorrhage by astringent drinks, and after this he combats the consecutive cachexia which always follows, by the employment of gentle tonics and bitters, aided by proper diet, exercise, and other appropriate adjuncts.

The following report presents a useful illustration of the advantages which ensue from publicity when the press performs its duty. We are glad that neither Sir Benjamin Brodie, nor Dr. Chambers, nor Dr. anybody else connected with the late proceedings at *St. George's*, was wholly beyond reach of the shout which has been raised against those proceedings, and we now record the vindications contained below, as willingly as we censured the commission of injustice and illiberality

against the profession. The most offensive of the clauses contained in the new code of laws, it will be seen, has been repudiated in some unexpected quarters.

ST. GEORGE'S HOSPITAL. — Meeting, 3rd July, Sir C. Smith in the Chair:—The business of the meeting commenced with the chapter relating to the election and the removal of officers, and closed with clause 8, page 28, relating to the chaplain. Again, almost every clause was altered, some very materially; especially clause 11, page 26, by which, as it now stands, the medical officers are (contrary to the intention of the Committee) subject to removal on the same grounds as the Governors and the salaried officers. Consequently, clause 12, which was only introduced as a means of deception, was expunged, as also was clause 13, which enacted that no paid officer, not a governor, should interfere directly or indirectly at elections. This was known to have been aimed at the apothecary, whom the junto of medical officers did not consider to have been very favourably inclined to their candidate at the last election. However, on Captain Bagnold expressing his determination (if it were persisted in) to include all the officers, and undertaking to show *that the medical officers were paid, and very amply paid, for their attendance*, they thought it best to prevent so unpleasant a discussion as the threat promised, and forthwith consented to the withdrawal of the clause. Dr. WILSON then gave notice that he should shortly bring forward a motion to *expunge that portion of clause* 11, pages 6 and 7, *which excluded medical governors from the wards of the hospital*; on which Dr. CHAMBERS stated that he had come to the meeting for the purpose of giving a similar notice, for he was not aware of the existence of such a clause, and was not present when it was passed. Sir BENJAMIN BRODIE followed, and also disclaimed any knowledge of this clause; he had merely, he said, looked over that part of the laws which related to the medical officers, and it never had been the intention of Dr. Chambers or himself to prevent the medical governors from visiting the wards of the hospital. Dr. MACLEOD here begged to protest against members of the Committee being held responsible for individual clauses. He did not, however, say that he had offered no objection to this clause when in Committee, nor allude to his having strongly advocated its adoption in opposition to the liberal amendment of Dr. WILSON, and voted on the division in favour of the clause. Probably, however, the Doctor laboured under some misapprehensions on the subject, like Dr. CHAMBERS and Sir B. BRODIE, and is willing and anxious now to rectify his error.

Next came the laws relating to the chaplain, who accused the Committee of a want of courtesy towards him, as one of its members, in constructing laws relating to his particular duties, while he was absent in consequence of ill health, without communicating with him, or even sending him a rough draft of the laws, as they had done to all the medical officers, and a few of their particular friends. This produced an angry and recriminatory attack from Mr. BAGSHAW, the protraction of which made the meeting so sick, that an adjournment was moved as soon as the lingual clatter allowed, to Tuesday the 14th inst.

THE LATE DR. HOOPER.

THERE are several incidents both in the private and public life of this eminent physician which are deserving of notice. Dr. HOOPER had retired for some years past from the toils of a practitioner, and resided at Stanmore, after realizing an ample fortune. Having been attacked by a disease in the bladder and adjacent parts, he came to London, where he obtained the assistance of several of his medical friends, but he survived his visit only a few weeks, and died in the beginning of May last, having reached the 66th year of his age.

Dr. Hooper's early days hold forth to youth a most praiseworthy example, and exhibit the fruits of industry during that period of life. Endowed with considerable talents, he commenced the profession as the House Apothecary of the Marylebone Workhouse—an institution which, though not "recognised" by the monopolists, afforded ample means for the cultivation of medical education and observation. The opportunities which Dr. H. here possessed were well employed, and he made a very extensive collection of preparations, both of natural and pathological anatomy. At no very advanced period he became an author, and his "Vade Mecum" and "Dictionary," though they were not stamped by the hand of genius, yet have proved highly useful works to the medical public, and not less than 20,000 copies of the "Vade Mecum" have been sold. He also pub-

lished a work on the pathology of the Brain.

With a laudable desire to rise in his profession, and to enable him to practise as a physician, he went to Oxford in order to obtain a degree, and after passing the prescribed "terms," he became a Bachelor of Medicine at that University. At this period it must be recollected that the London College of Physicians was shining in all its glory! Monopoly had arrived at its *acmé*, corruption swayed its sceptre in every avenue of the profession, and tyranny ruled unmolested in the sanctum of Pall Mall East. The circumstance of Hooper having been a *subordinate*, but, far more, his having already acquired a high character for diligence in the pursuit of medical science, were deemed cogent reasons by the dowagers of the venerable and ancient Institution of Warwick-lane, to regard him as an unfit person to become a Fellow of the College, and tarnish its hallowed walls with the flame of the Workhouse laboratory. To prevent the project of Hooper became therefore an important consideration in the eyes of the monopolists, and to their immortal honour be it told that a plan was concocted and successfully carried into execution, by which Mr. Hooper, after having become a B. M., was checked in his progress, and refused the degree of M. D. by the College.

At a moment like the present, Dr. Hooper's case is big with interest, as it displays the *true* principles and "high moral feelings" on which the College of Physicians have acted, and their absurd and wicked system of conferring medical degrees. Sir Christopher Pegg, a Fellow of the College, was, at the period referred to, professor of anatomy at Oxford, and he it was whom the venerable College employed in the unchristian duty of preventing Dr. Hooper from obtaining the medical degree at Oxford; and were the name of Pegg known only as that of the hireling of the corrupt Fellows, that circumstance alone would render his memory contemptible in the estimation of all good men.

It now only remained for Hooper to enter the College as a Licentiate, and that step he accomplished by the purchase of a Scotch degree. He then practised as a physician, and rapidly acquired fame, which only made him the more odious in the eyes of the Pall Mall elitè, whilst their injustice and jealousy materially promoted his interests, by gaining for him the support of a mass of the community who are ever ready to stretch forth their aid to assist the oppressed.

In private life Dr. Hooper was justly esteemed as a benevolent and good man.

LETTER FROM THE NORTH.

To the Editor of THE LANCET.

SIR,—In my last letter I promised to send you an account of the proposed operation of cutting out a man's tongue. The poor patient was informed of the proposal, and at the same time of his danger, but he made up his mind to submit to the operation, and talked of it with coolness and fortitude. The surgeon, it seems, was not exactly sure of the relative position of the parts, or of what must be cut in his intended proceedings; he wisely therefore went to the dead subject to recruit his anatomy, and there found the impractibility of his proposal; consequently the patient was informed that it *would not* be done. His preparation for the worst accordingly went for nothing, and his "only hope" was abandoned.

The case of hydrocele (which at the date of my last letter was thought to be dying) has recovered, with considerable sloughing of the scrotum; but I doubt if the man will leave the house alive. The surgeon has however the merit of having performed a *radical cure* for the hydrocele.

A boy's leg was removed on the 23rd of June, below the knee, for diseased ankle-joint. The operation was so far useful that it showed the students what to *avoid* in amputating: *the bones were sawn from below upwards*. The saw repeatedly locked, and in securing some of the arteries, one pair of forceps at first took up the artery, nerve, vein, muscle, &c. promiscuously; the surrounding parts having next to be removed from the vessel by a *second* pair of forceps; a ligature was then applied. Notwithstanding these precautions, there was still slight bleeding when the boy left the table.

On the following day another surgeon removed a woman's thumb, in which case some difficulty was experienced in getting the knife out of the joint, in consequence of its coming against one of the sesamoid bones. On the 25th, a boy aged eleven had his leg removed below the knee for necrosis of the tibia. The operation was performed in the same manner, and by the same person as on the 23rd. The operator knelt down, and sawed with difficulty through the fibula, rose up and sawed through the tibia with the ordinary steady sawing motion, not of a quiet surgeon, but of a fiddler at the end of a quick tune; the consequence was, that the saw got locked repeatedly. After the bones were sawn through, the catlin was resumed, to divide the muscular fibres, which were still adherent to the amputated

part. On coming to look for the arteries, the surgeon, as on the 23rd, grasped at a part of the stump with one pair of forceps, and then with another pair examined to ascertain if any vessel was included in the mass. But I need not give minuter details of amputations that *seemed* to be coarse, long of performance, and unscientific.

Mr. Fergusson performed lithotomy the other day on a private patient, and extracted a mulberry calculus, perhaps the largest ever seen. It was studded with projections, which rendered the operation peculiarly difficult. The operation was dexterously performed, and the patient has not had a bad symptom. The diameter of the calculus was two inches and a half, and its circumference seven inches and a half.

An individual had laboured under stricture of the urethra for a number of years. The surgeon on attempting to pass a catheter observed a hard tumour behind the scrotum. Being uncertain as to the nature of the case, he had a consultation with some of his colleagues, when, in face of the statement of the patient himself, that the tumour had suddenly appeared about a fortnight ago, after using some exertion, and had since been attended with pain, and notwithstanding the fact of his having had stricture so long, the conclave declared their opinion that the tumour was not connected with the urethra, but was of old and not recent growth. This opinion they attempted to force upon the patient, contrary to the evidence of his own senses. Under these circumstances the practice resorted to was leeching of the tumour, and frequent attempts to pass a catheter into the bladder. Soon afterwards it was examined by Professor Turner, who at once saw that the case was one of partial infiltration of urine and the formation of a urinary abscess. Poultices were accordingly applied, and the patient has now some chance of recovery.

Last week a poor woman presented herself, stating that she had fallen on her elbow on the night previous, and much hurt it. The case was examined and pronounced to be a bruise and a trifling accident, and as such not worthy of being admitted. On her dismissal (the agony she suffered being by no means diminished by the handling of the case) she proceeded to a public dispensary, where a youth of tenderer years and fingers detected a transverse fracture of the olecranon, and sent her back to the infirmary, to be admitted under the charge of another surgeon, who prescribed leeching and fomenting. The rejection of the case was by a gentleman who thinks that the detection of fracture —of the femur, for instance,—and its treatment, are hardly worthy of the remuneration of a common professional fee.

A limb was amputated lately for cancerous ulceration above the knee. Lateral flaps were made, but the assistant seemed so afraid of his fingers, that he would not venture to hold back both. The arteries were diseased and very hard, and the operator stated that secondary hemorrhage was to be watched for in this case.

I am, sir, your obedient servant,
EDINBURGENSIS.

June 28, 1835.

ST. BARTHOLOMEW'S HOSPITAL.

LITHOTOMY.

MR. EARLE performed this operation on a little boy on Saturday, July 4. After passing the knife into the bladder, and seizing the stone, it was found to be too large to admit of removal. The operator therefore dropped the calculus, and again secured it at a shorter axis, but even then he found it necessary to enlarge the wound, in order to extract the stone, on accomplishing which, a second and smaller calculus fell on the ground; the one grasped by the forceps was about as large as a small pullet's egg, the other was of the size of a bean.

After the exit of the patient and his father, who had attended to witness the operation, Mr. Earle observed to the pupils that the case was attended by many anomalous circumstances. The size of the first calculus was such, that it actually, on examination, presented a hard tumour rising above the symphysis pubis. This unusual circumstance had suggested the question of the propriety of the high operation, and had led to the report that it was to be performed; but he had declined it for several reasons; he had never performed this operation, nor had he ever witnessed a successful result from it in the hands of others.

On examining this case with the sound, the large size of the stone was clearly discernible, and by introducing his finger *per anum*, and pressing on the tumour above the pubis with the other hand, the existence of two calculi was indicated by the *attrition* excited between them. He had anticipated some difficulty in extracting the stone from its large size; but imagining it to consist of the ammoniacal phosphates, which are usually very friable, he thought by pressure to be enabled to crush it. This however proved to be impracticable, even under as much force as

much less, and the urine flowed at from one and a quarter to one quart and three quarters per day. In a few days more it assumed a natural colour, contained all the ingredients of normal urine, and ceased to give any trace of sugar.

CASES OF

STONE IN THE BLADDER CURED BY LITHOTRIPSY.

To the Editor of THE LANCET.

SIR,—May I request you to insert in your valuable Journal three more cases of calculus, treated by lithotripsy, as additional proofs that this operation is efficacious in its application, and that its cures are complete. I have the honour to be, sir, yours, most obediently,

HEURTELOUP, M.D.

18, Holles-st., Cavendish-sq.,
July 9, 1835.

CASE 1.—*Patient aged 57.—Good Constitution.—A quantity of Flaxen Hair voided from the Bladder.—Calculus of considerable size.—Three applications of Percuteur.—Recovery nineteen months since.*

Mr. Davis, of Chatham, ætat. 67, whose general health has been almost invariably good, commenced voiding gravel in the year 1829. These, at first, were about as large as pins' heads, but they gradually increased to the size of French beans, which they resembled in shape. This evacuation of calculi was sometimes attended with acute pain in the kidneys, but as regards the bladder, little or no inconvenience was experienced.

At the beginning of 1833, Mr. Davis observed at the bottom of the vessel in which he had passed his water, what appeared to him a mass of clotted blood. This he examined, and was much surprised to find that it was a quantity of light-coloured silken hair, quite similar in appearance and to the touch to that of a young child. This hair was agglutinated by coagulated blood. The patient could not at first conceive that it proceeded from the bladder, and tried to recal to mind whether it might not, by any means, have been in the vessel before he made use of it; he perfectly convinced himself that such was not the case, and no doubt was left as to the reality. From this time Mr. Davis observed symptoms of stone, which increased in severity, and obliged him to have recourse to medical assistance and advice. He consulted Mr. Robertson of Chatham, who discovered a calculus, and recommended the patient to me.

I examined him on the 29th of October 1833; the urethra was large and not sensitive; the bladder moderately contractile but very irregular; the calculus appeared of considerable size, and was not easily moved, on account of the irregular conformation of the interior of the bladder.

In three applications of the *percuteur*, each of about three minutes' duration, and performed with instruments suitably modified so as to act with safety and efficacy, notwithstanding the irregularities above alluded to, Mr. Davis was restored to perfect health.

The operations were performed in presence of Mr. Robertson (the patient's medical attendant), Mr. Edwards, Dr. Maling, the patient's son, and Mr. Biggs.

Remarks.—The most interesting feature of this case is the expulsion of a quantity of hair made up into a mass by clotted blood. There is no doubt of its having been voided with the water, for, on examining it carefully, I found that it exactly resembled what I once found in the body of a man who died of acute nephritis. There are many similar cases on record, and especially of calculous concretions intermixed with hairs. Those in the present instance presented no calculous deposit, and were longer and of a finer appearance than any I have seen. Most of them were an inch or an inch and a half in length, and so smooth and glossy that one might easily suppose that they had been carefully brushed and combed.

The operation was rendered somewhat more difficult by the fragments of calculus placing themselves in the depressions produced by the muscular columns (*colonnes*) of the bladder, which in this case were numerous and very considerable; this circumstance rendered it necessary to make more careful and longer-continued researches in order to remove the last fragment.

Mr. Davis has remained free from every symptom. A short time back I had the pleasure of seeing him in town and hearing from his own lips that he was enjoying perfect health.

CASE 2.—*Patient aged 51.—Good Constitution.—Stricture of the Urethra, with four Calculi.—Cure of both.—Two applications of the Percuteur.—Recovery a year and a half since.*

Mr. L——, a plumber in the city of London, of a good constitution, and of considerable *en bon point*, has had a stricture of the urethra for more than a year. He addressed himself to Mr. Lloyd, assistant-surgeon to St. Bartholomew's Hospital,

who immediately detected a stricture about three inches from the meatus urinarius; the urethra was extremely sensitive, the bladder very irritable, and the prostate enlarged. The urine contained a considerable quantity of mucus, and pain was experienced in voiding it. By pursuing an antiphlogistic treatment, conjointly with the regular introduction of bougies, Mr. Lloyd soon obtained a cessation of these symptoms; but although the urinary organs were brought back to a quiet and healthy state, there still remained occasional derangement, and difficulty in the act of making water. There was a sort of turn or twist in the stream, which led Mr. Lloyd to suspect the presence of a stone in the bladder. He had the kindness to call me in, and on sounding we discovered that there were several small calculi; the sound of one striking against another was rendered very distinct with the catheter; they were of a spherical shape and easily moved.

In two applications of the *percuteur*, the first of which was performed at the end of December 1833, and at both of which Mr. Lloyd and Mr. Biggs were present, several small calculi of four or five lines in diameter were pulverized. After the second application the symptoms all subsided, and a careful examination performed by Mr. Lloyd, conjointly with myself, confirmed the fact of the entire removal of the complaint.

Remarks.—Here is a case of stone successfully treated by lithotripsy, notwithstanding a stricture of the urethra; seven or eight cases of the sort have come under my care; the operation is therefore applicable under such circumstances, but we must observe that its performance is rendered more difficult, and sometimes impossible, when it is found impossible to restore the urethra to its natural size; because smaller instruments must then be employed, added to which, the fragments are not voided with so much facility. But to say when the operation of lithotripsy may be advantageously performed in cases of stricture, as in any other cases where there is complication, is a matter of surgical tact. It is difficult to give any precise rules on this point, and in order to do so, we must have the patient under our eye.

It is a year and five months since Mr. L. was dismissed cured; since which he has had no return of his complaint, and is now in perfect health.

CASE 3.—*Patient aged 64.—Considerable Cutaneous Eruption.—2 Calculi.—5 Applications of Percuteur.—Recovery a Year and a half since.*

Mr. C. N., an Irish gentleman, 64 years of age, of a good constitution, and who up to the year 1831 had enjoyed good health, observed at that time a cutaneous eruption, which soon spread all over the body, and created an abundant serous discharge, especially from the thighs and legs. About the same period Mr. N. experienced for the first time some derangement in the functions of the bladder, and voided at times water tinged with blood. He consulted several medical men, who recommended different modes of treatment, and in this way he continued for several years. The symptoms had become much more violent, and he consulted Mr. Colles of Dublin, who discovered a stone in the bladder. Mr. N. then came to London and addressed himself to Sir Benjamin Brodie, who also felt a calculus, and conjointly with Dr. Clark called me into consultation, in order to see if the case was favourable for *lithotripsy*.

The urethra and bladder were of moderate size and not very contractile; the prostate was enlarged; the patient had rather frequent calls to make water, especially in the day; the urine was albuminous and offensive. There were two calculi of considerable size in the bladder, which were situated in the *bas fond*, and moveable.

In five applications of the *percuteur* instruments, at all of which Sir Benjamin Brodie and Dr. Clark were present, these calculi were completely removed. Each operation lasted from three to four minutes; and after the last, these two gentlemen, with myself, examined and ascertained the entire removal of the calculi.

Remarks.—The only consideration worth dwelling on in this case is, that although the patient was under the influence of a severe cutaneous eruption, little or no feverish excitement was experienced during the operation. After the first examination with the sound, which was performed with the greatest care and gentleness, rigors and fever were observed; this led us to postpone the operation for some days; and we were the more circumspect on observing that during this general disturbance the discharge, which before had been considerable from some parts of the body, ceased almost entirely. We feared that this suppression might have been attended with serious consequences, but nothing untoward supervened.

After the operation Mr. C. N. felt entirely relieved from every unpleasant symptom, and he is now in the enjoyment of perfect health, with the exception of the eruption, from which he experiences occasional inconvenience.

the forceps would permit. The wound was therefore compelled to be enlarged by dividing the opposite side of the prostate gland, when with a little force the stone came out. He intended to have operated on this child a fortnight since, but an attack of measles, accompanied by purulent discharge from the bladder, had deterred him, and though pus had more than once been ejected with the urine in this case, still he should augur favourably and prognosticate a successful result.

He then stated that at his next clinical lecture he should exhibit to the pupils a rare preparation of great interest, taken from a case in which he successfully tied the subclavian artery for aneurysm, about five years since. The man had lately become a patient at the hospital, and had died of some complaint unconnected with the disease above mentioned. The parts were now in progress of dissection. This was the only successful case he said which had occurred in London at the time he operated, and he was not aware that any such had been subsequently attempted.

CORRESPONDENTS.

What is the object of the inquiry respecting "Sir C. Aldis?" There is a quack of the name of Aldis somewhere in town, but we know nothing of him beyond his claim to that title.

A Subscriber's communication shall certainly be noticed.—*R. B. S.*'s letter, received since a notice in another page was written, shall appear in part.—*Mr. Hytch*, received.

We do not understand the object of *One of the Slandered*. Does he wish a vindication of his conduct to appear in our columns? If so, he must know very well that an authenticated statement will not be rejected.

Mr. Bedingfield.—The occasion was not a good one for urging the adoption of the suggestions. They must be subjects for future legislatorial consideration.

ERRATA.—In Mr. Ellis's Lecture, page 438, col. 2, line 21; for *act* read *art*. Page 439, line 39; erase *that*. Col. 2, line 32; for *occur* read *recur*. Page 442, lines 14-15; for *calomel* read *calcined*, and for *mixture* read *tincture*. Col. 2, line 25; for *be* read *were*.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.		Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins.	Dcls.		
June 29	64.50	40.25	29.97	29.90	—		N.E.	Fine.
30	66.	43.75	29.88	29.85	—		E.	Fine.
July 1	70.50	50.50	29.84	29.82	—		E.	Fine.
2	76.25	45.	29.82	29.79	0.35		S.E.	Rain, with Thund. & Light.
3	72.50	48.50	29.84	29.84	—		W.	Fine.
4	73.50	51.	29.84	29.77	0.03125		S.	Heavy and frequent Rain.
5	61.75	50.	29.62	29.56	0.0375		S.	Slight Rain in Night.

Monthly Observations for June.—Although the extreme point of heat this month was higher than it has been in any month during the last twelve years, yet the mean temperature of June 1835 has been exceeded three times during that period of years. The range of the barometer was remarkable great, the mercury having fallen lower than in any month of June during the twelve years above referred to, while the maximum of elevation of the mercury was higher than the average of the month. The quantity of rain (which all fell in six days) was more than in the corresponding months of June of the last two years. Storms of thunder and lightning were experienced on the 2nd and 9th of June, with heavy rain and large drops of hail, and thunder was heard frequently in the distance in the afternoon of the 7th.

W. JACKSON.

High Wycombe, July 8, 1835.